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| Case Number: | CM13-0000991 | | |
| Date Assigned: | 03/21/2014 | Date of Injury: | 12/04/1998 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 07/02/2013 |
| Priority: | Standard | Application Received: | 07/05/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in New York and North Carolina. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant has cervical disc degeneration. Her original injury date is 12/4/98. She is status post anterior cervical discectomy and fusion in 2001, along with bilateral foraminotomy at C6-7. She also has myofascial pain in the neck. She has had ulnar transposition on 5/24/99 for cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

BACLOFEN 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 63-64.

Decision rationale: Baclofen is an antispasticity drug, recommended for the treatment of spasticity and muscle spasm related to M.S. and spinal cord injuries. This patient does not meet criteria for use. There is also no dosing information to be considered in this request. The request for Baclofen is noncertified.

TYLENOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 11-12.

Decision rationale: Tylenol is recommended for the treatment of chronic pain and acute exacerbations of chronic pain. The dosage range noted in the chronic pain medical treatment guidelines is 650-1000mg every four hours, with a maximum of 4 grams/day. There is no dosage noted on this request. In a note from January 2013, it was noted that the patient took Tylenol as needed, at 1000mg twice a day. In the July 19, 2013 note, her doctor noted that she takes Motrin up to 800mg three times a day. There is no mention of the Tylenol in the plan for treatment. Per the Official Disability Guidelines, caution must be exercised when acetaminophen is combined with NSAIDs. This concern does not appear to have been addressed. The chronic pain guidelines in the MTUS do not establish the Tylenol as more efficacious than NSAID treatment, which the patient is also prescribed. The request for Tylenol is noncertified.

VICODIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 75, 78-79.

Decision rationale: There is no dosage information included in this request. The only medication mentioned in the 7/19/13 note is Motrin, up to 800mg three times per day. She takes Vicodin "rarely," approximately ½ tablet per week. The goal of treatment is not clear. There is no documented evidence of ongoing review of functional status, side effects, and pain levels on and off opioids. There is no evidence of the patient keeping a pain diary to note pain levels at the end of dosing. There is no documentation of how potential misuse is monitored. As monitoring is recommended at one and a half to two month intervals, the request for Vicodin is noncertified.

VOLTAGEN GEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-113.

Decision rationale: There is no notation of dosage or time period of use included with this request. Although topical analgesics are largely experimental, Voltaren gel might be used for joints that lend themselves to this use - ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for the spine. Maximum dose should not exceed 32 grams per day. When it is

recommended, it is recommended for short-term (4-12 weeks) use. This medication is not indicated for pain related to this claimant's chronic cervical degenerative disc disease. The request for Voltaren gel is noncertified.