

Case Number:	CM13-0006069		
Date Assigned:	02/03/2014	Date of Injury:	12/18/2009
Decision Date:	10/16/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/02/2013

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 Physical Medicine & Rehabilitation & Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 58-year-old female who reported an injury on 12/18/2009. The mechanism of injury was not provided. On 03/12/2014, the injured worker presented with complaints of right shoulder, elbow, wrist, and hand pain. The diagnoses were subacromial bursitis right shoulder, carpal tunnel syndrome of the right hand, cubital tunnel syndrome of the right ulna, myofascial syndrome, chronic pain related anxiety, chronic pain related depression. Current treatment included Norco, Prilosec, Colace, Cidaflex, gabapentin, Lunesta, gabapentin/ketoprofen/Lidopro cream, and Theramine. Physical examination revealed blood pressure of 118/66, pulse of 62, a weight of 155, and a BMI of 28.7. The provider recommended Tylenol 3, Medrox patch, Cidaflex, and Fluriflex ointment. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 qty: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Tylenol #3 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of medication was not provided. As such, medical necessity has not been established.

Medrox patch qty: 1.00: Upheld

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

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

Decision rationale: The request for Medrox patch quantity of 1 is not medically necessary. California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist, and adenosine. There is little to no research to support the use of many of these agents. There is lack of documentation of the injured worker's failure to respond to an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the site at which the medication is indicated for, frequency, or dose. As such, medical necessity has not been established.

Cidaflex qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The request for Cidaflex quantity of 90 is not medically necessary. The California MTUS state that Cidaflex or glucosamine and chondroitin sulfate is recommended as an option given its low risk in injured workers with moderate arthritic pain, especially for knee osteoarthritis. There is lack of documentation that the injured worker has a diagnosis concurrent with the guideline recommendation for Cidaflex. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication or the dose in the request as submitted. As such, medical necessity has not been established.

Fluriflex ointment qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The request for Medrox patch quantity of 1 is not medically necessary. California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist, and adenosine. There is little to no research to support the use of many of these agents. There is lack of documentation of the injured worker's failure to respond to an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the site at which the medication is indicated for, frequency, or dose. As such, medical necessity has not been established.