

Case Number:	CM13-0014947		
Date Assigned:	06/06/2014	Date of Injury:	09/29/2003
Decision Date:	07/11/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/21/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 32-year-old female who states that she sustained a work-related injury on September 29, 2003. The mechanism of injury is not specified. The most recent record available for review was dated July 9, 2013. On this date, the claimant stated that she had good pain control of her medications and tries to take Percocet as infrequently as possible. There is periodic use of a cane. The claimant rated her pain as 8/10 without medications and 2-3/10 with medication. There was no specific physical examination on this date. There was a diagnosis of lumbar radiculopathy status post lumbar discectomy at L4-L5 and L5-S1, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome and neuropathic pain. The treating physician stated that the claimant had never previously been prescribed OxyContin and has been using Percocet. There were plans for a new nerve conduction study. There was a positive nerve conduction study in December 2012 for a lumbar radiculopathy. There was a request for a urine drug screen, home healthcare, weight loss program, Percocet, Lyrica, Syntralyne, Medrox patches and a follow up in four weeks. A previous utilization management review, dated January 18, 2013, medically necessitated the use of a urine drug screen, Percocet, the use of a cane, and Lyrica. It did not medically necessitate the use of Medrox or Syntralyne.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PERCOCET 5/325MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that opioid usage for chronic neuropathic pain should only be used for those individuals who have not responded to first-line medications such as antidepressants and anticonvulsants. The injured worker has a current prescription of Lyrica and states that it is working well for her. Therefore, it is unclear why there is a continued need for Percocet. The concomitant usage of both of these medications should be justified. Therefore, the request for 1 prescription of Percocet 5/325 mg # 60 is not medically necessary and appropriate.

1 PRESCRIPTION OF MEDROX PATCHES #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Medical Treatment Guidelines state that only topical analgesics including anti-inflammatory agents, lidocaine and capsaicin are recommended for usage. Medrox is a topical compounded agent which includes methyl salicylate, menthol and capsaicin. These other ingredients, other than capsaicin are not recommended for topical analgesia. There is no justification in the medical record for using these agents. For these reasons, this request for Medrox is not medically necessary.

1 TORADOL 60MG IM INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 72.

Decision rationale: Toradol is intramuscular version of the anti-inflammatory medication Ketorolac. The Chronic Pain Medical Treatment Guidelines do not recommend the use of this medication for chronic painful conditions such as those demonstrated by the injured worker. There is no mention in the attached medical record justifying its usage. Therefore, the request for Toradol 60 mg IM injection is not medically necessary and appropriate.