

Case Number:	CM13-0019278		
Date Assigned:	10/11/2013	Date of Injury:	01/30/2002
Decision Date:	01/31/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and myofascial pain syndrome reportedly associated with an industrial injury of January 30, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy and physical therapy; attorney representation; trigger point injections; prior low back disk surgeries in 1990 and 1994; prior C5-C6 cervical fusion; and extensive periods of time off of work. In a utilization review report of August 13, 2013, the claims administrator denied a request for Terocin and Soma while partially certifying a request for Lortab and butorphanol. The partial certifications apparently represent a tapering schedule. The applicant's attorney later appealed. The most recent progress report of July 1, 2013 is notable for comments that the applicant reports persistent neck pain. She has reportedly responded well to a recent cervical epidural. A 5/5 upper extremity strength is appreciated. The applicant is given refills of Lortab, butorphanol, Soma, and Terocin. Permanent work restrictions are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion for DOS 7/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to make a case for topical agents or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." It is further noted that, as with the other medications, that the applicant uses this particular agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant's work restrictions and work status are unchanged from visit to visit. There is no evidence of diminished reliance on medical treatment. Rather, the applicant's continued pursuit of injections, medications, surgeries, etc., implies a lack of reduction in dependence on medical treatment and a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified.

Carisoprodol 350mg #180 for DOS 7/1/2013: 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 Carisoprodol (Soma) Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for long-term use purposes. It is not recommended for use in conjunction with other medications, particularly opioids. In this case, the applicant is using numerous other analgesic and adjuvant agents, opioid and non-opioid. Adding carisoprodol or Soma to the mix is not indicated, particularly as the applicant has failed to effect any functional improvement through prior usage of the same.

Hydrocodone/Apap 10/500mg #360 for DOS 7/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved function, and reduced pain effected as a result of ongoing usage. In this case, however, the applicant fails to clearly meet the aforementioned criteria. The applicant does not appear to have returned to work. Permanent work restrictions are in place, unchanged, from visit to visit. The applicant is not working with these restrictions in place.

There is likewise no evidence of improved function and/or reduced pain effected as a result of ongoing opioid usage, either. Therefore, the request is not certified.

Butorphanol Tartrate Solution 10mg/ml #15 for DOS 7/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids.

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

Decision rationale: Butorphanol, per the National Library of Medicine, is an opioid analgesic. Again, as with the other opioid, Lortab, the applicant fails to clearly meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of the same. The applicant has failed to return to work. There is no evidence of improved performance of non-work activities of daily living and no evidence of reduction in dependence on medical treatment. There is no evidence of successful pain reduction effected as a result of ongoing opioid usage. For all of these reasons, the request is not certified.