

Case Number:	CM13-0022663		
Date Assigned:	10/11/2013	Date of Injury:	09/23/1997
Decision Date:	03/18/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/10/2013

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 Pain 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.

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 patient is a 65 year old female who reported an injury on 09/23/1997. The mechanism of injury information was not provided in the medical record. The patient diagnoses included lumbar radiculopathy (ICD-9 Code 724.4), cervical strain and sprain (ICD-9 Code 847.0), chronic pain syndrome (ICD-9 Code 338.4), severe myofascial syndrome (ICD-9 Code 729.1), neuropathic pain (ICD-9 Code 729.2, prescription narcotic dependence (ICD-9 Code 304.9, chronic pain related depression (ICD-9 Code 300.4), chronic pain related anxiety (ICD-9 Code 300.0), and total body pain (ICD-9 Code 780.96). The patient medication regimen included Voltaren 75mg twice a day, Colace 100mg every 6 hours as needed for severe constipation, Subutex 2mg sublingual twice a day, Fioricet 1 tablet every six hours as needed for headaches, Prevacid 30mg twice a day, Xanax 1mg every 8 hours as needed for severe pain, Flexeril 10mg 1 tablet three times a day, TGHOT ointment applied topically three times a day, and Ambien 10mg 1 tablet at bedtime. Review of the medical records revealed the patient has continued complaints of pain to both feet, knees, and low back rated 7/10 with medications and 8/10 without medications. The patient had physical therapy previously and is walking now to exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68 & 73.

Decision rationale: California MTUS states when using the requested medication to treat low back pain, NSAIDs are recommended for short term use. NSAIDs are recommended as an option for short-term symptomatic relief when used for low back pain. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. The patient has been taking the requested medication for some time now, with little to no decrease in pain. The patient reported her pain at 7/10 with medications and 8/10 without. The medical necessity of the Voltaren 75mg has not been proven. As such the request for 1 prescription of Voltaren 75mg #60 is non-certified.

Prevacid 30 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: California MTUS states proton pump inhibitors are recommended if the patient is at risk for gastrointestinal issues. It was mentioned in one of the reviewed clinical notes that the patient was having acid reflux secondary to taking the Voltaren. There is no further clinical documentation of any other gastrointestinal problems or complaints nor the presence of risk factors. Due to the Voltaren not being certified, there will be no need for the requested medication. The request for 1 prescription of Prevacid 30 mg #30 is non-certified.

TGHot ointment between 8/16/2013 and 11/3/2013: Upheld

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

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

Decision rationale: California MTUS states that is any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication has the active ingredients Tramadol, Gabapentin 10% Menthol 2% and Capsaicin 0.5%. Per California MTUS there is no peer-reviewed literature to support use of gabapentin as a topical, therefore it is not recommended. As such the requested medication cannot be certified. There are no documented clinical findings of the patient having an inability to take any of these medications orally. The request for 1 prescription of TGHot ointment between 8/16/2013 and 11/3/2013 is non-certified.