

Case Number:	CM13-0025079		
Date Assigned:	11/20/2013	Date of Injury:	08/05/2003
Decision Date:	01/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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:

Patient is a 56-year-old hypertensive female who had an injury on August 5, 2003. Current diagnoses include right shoulder and tension, status post decompression and distal clavicle excision, bilateral carpal tunnel syndrome, status post carpal tunnel release, right wrist inflammation, status post arthroscopy, left wrist and CMC joint inflammation, right trochanteric bursitis, discogenic lumbar condition and radiculitis, right knee internal derangement, status post to arthroscopy's women is correct to me, left knee and current arrangement, as well as depression sleep disorder anxiety, weight gain, constipation, gastrointestinal irritation, and hypertension. Previous treatment has included medications, ice, assistive devices for ambulation, TENS, right shoulder surgery, right hip injection, left knee injection which provide a relief, and the right knee injection of hyaluronic acid that did not help. On August 28, 2013 the patient had pain over the right shoulder, bilateral wrists, low back, right trochanteric area, and bilateral knees. She also had depression anxiety and nausea. Patient was prescribed Flexeril in addition to some of because the addition of Flexeril had reduced the patient soma dose in half. There is a note that the patient is allergic to Norco. On note dated July 17, 2013, the patient is noted to have not had a nerve study done. It states the patient still uses a cane and is not doing any chores around the house. It also states the patient is allergic to hot and cold wrap but tolerates the tens unit. The note also states that the patient is trying to reduce her Vicodin and use tramadol instead as the opioids seem to cause a lot of nausea. The note states that the terrorists in seems to be helping her as well as Flexeril. The note does not state that there is any spasm on exam; there is no other data on the objective findings except for tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5mg, 90 tablets, between 9/5/2013 and 10/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids..

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS Chronic pain guidelines discuss opioid medications and state that they should be discontinued if there is no improvement in function or if discontinued pain evidence of adverse effects. This patient has not demonstrating increasing function, and there is as the patient has nausea from the medication. Therefore as the patient meets two criteria for discontinuing opioids medication the request for Vicodin is not medically necessary.

Terocin, 40 patches: 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.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS discusses topical anesgesics contained in terocin individually. This requested medication Terocin contains lidocaine and capsaicin. CA MTUS recommends topical lidocaine for neuropathic pain. There is no evidence this patient has neuropathic pain. And even if there was, lidocaine is not a first line therapy. There is no documentation that first line therapy with TCA or AEDs has been tried). In addition, MTUS only recommends lidocaine topically as the Lidoderm patch for neuropathic pain. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. These are not indications for this patient. Capsaicin is a topical treatment for patients with osteoarthritis, fibromyalgia or chronic back pain. However, MTUS states there is limited evidence for the efficacy of this medication. The patient has been taking this medication for an extended amount of time without documentation of improvement. As Terocin contains medications not recommended for this patient, and there is no documentation of its effectiveness, the request is not medically necessary

Flexeril 7.5mg, 120 tablets, between 9/5/2013 and 10/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: as an option but for a short course of therapy. It has the greatest effect in the first four days of treatment meaning that a shorter course may be better. The request is for 120 tablets of Flexeril. This exceeds the recommended short course of treatment. Therefore as guidelines do not recommend this duration of treatment, the medication is not medically necessary.

Soma 350mg, 30 tablets, between 9/5/2013 and 10/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS chronic pain guides page 29 states that Soma is not recommended and is not indicated for long term use. Therefore, as guidelines do not recommend this medication, it is not medically necessary.