

Case Number:	CM13-0026082		
Date Assigned:	12/11/2013	Date of Injury:	08/12/2006
Decision Date:	01/30/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56 year old, female with an injury on 8/12/06. The listed diagnoses, per [REDACTED] from the 8/14/13 report, are Cervical HNP; left arm radiculopathy; lumbar injury with HNP at L3-4; left lumbar radiculopathy, s/p fusion C4-6 from 2007; right TKA 2009. The patient had cervical epidural steroid injections from 6/3/13 with 70-80% pain relief, with current 5/10 pain, which is manageable. Lyrica helps, which is different from Topamax. Topamax is to be weaned off to determine which works. Oxycontin does allow her to function throughout the day, and she reports having difficulty sleeping without Ambien. Electromyogram from 2007 and 2008 showed left C6 radiculopathy. Denracin topical analgesic cream "has been beneficial and is consistent with California Medical Treatment Utilization Schedule (MTUS)." 7/16/13 report states that the patient is requesting trigger point injections. The treating physician indicated a review with the patient about her subjective and functional responses to the below noted medications. I reviewed the patient's activities of daily living, and noted a significant improvement of the patient's ability to do activities on a daily basis compared to when the medications are not used. Listed meds are Oxycontin, Norco, Topamax, Xanax, Anaprox, Prilosec, Ambien, Lyrica, Cymbalta, and Dendracin topical. Under treatment plan, Nonsteroidal anti-inflammatory drugs (NSAIDs) or muscle relaxants have failed to control the myofascial pain and a trigger point injection was recommended. 6/21/13 report has same information and verbiage. Trigger points were injected again. 6/3/13 report is an operative note for cervical epidural steroid injection. The 4/26/13 report notes persistent severe pain in the neck with radiation down the left shoulder and extremity, with cervicogenic headaches with 7/10 intensity. The patient reports that she feels her current oral analgesic medications enable her to function on a daily basis. However, [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

One retrospective request of Oxycontin 30mg three times a day: Upheld

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

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

Decision rationale: This patient presents with chronic neck and upper extremity pain. The patient has had cervical fusion from C4-C6. The last magnetic resonance imaging of cervical spine is from 5/15/13 that showed 3mm anterolisthesis at C3-4 and fusion at C4-6. The prescribed Oxycontin was reduced to 30mg twice a day per Utilization Review letter 9/19/13 and the rationale was to reduce dependence and to keep the dose under 120mg equivalents per guidelines. The treating physician reports from 7/2/12 to 11/11/13 were reviewed. One cannot tell whether any of these medications have improved this patient's condition, based on the reports provided for review. California Medical Treatment Utilization Schedule (MTUS) guidelines require functioning documentation with the use of a numerical scale or validated instrument at least once every 6 months. Under outcome measures, current pain, average pain, least pain, duration of relief with medication, time it takes for relief, etc. must be documented. In this case, no numerical scale is provided other than the patient's high pain level. Despite mentioning "significant improvement" (not quantified), the patient continues to seek additional treatments such as trigger point injections, and cervical epidural steroid injections. Given the lack of functioning documentation with the use of a numerical scale or validated instrument, recommendation is for denial.

One retrospective request of Prilosec: Upheld

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

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

Decision rationale: This patient presents with chronic neck pain with history of cervical spine fusion from C4-6. The treating physician has been prescribing Prilosec for quite some time. However, despite a review of reports from 7/2/12 to 11/11/13, there no mention found of the patient's gastrointestinal risk assessment. In the 7/16/13 report, Nonsteroidal anti-inflammatory drugs (NSAIDs) were noted to not be effective in managing the patient's myofascial pain. It is not known why Nonsteroidal anti-inflammatory drugs (NSAID's) were continued when they have not been effective and why Prilosec is continued when the patient does not need an Nonsteroidal anti-inflammatory drugs (NSAID). California Medical Treatment Utilization Schedule (MTUS) supports prophylactic use of Prilosec for gastrointestinal issues related to chronic Nonsteroidal anti-inflammatory drugs (NSAID) use. However, in this case there is no

gastrointestinal risk assessment, as outlined in California Medical Treatment Utilization Schedule (MTUS) guidelines. Recommendation is for denial.

One retrospective request of Dendracin topical analgesic cream: 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.

Decision rationale: Dendracin contains methyl salicylate, which is a topical Nonsteroidal anti-inflammatory drugs (NSAID). Topical Nonsteroidal anti-inflammatory drugs (NSAID's) are only indicated for peripheral joint osteoarthritis or tendinitis. In this patient, the diagnosed are chronic neck pain with cervical spine spine fusion. Topical Nonsteroidal anti-inflammatory drugs Nonsteroidal anti-inflammatory drugs (NSAID's) would not be indicated for this patient. California Medical Treatment Utilization Schedule (MTUS) guidelines state that if one of the components of compounded topical contain a product that is not recommended, then the entire compounded product is not recommended. Since topical Nonsteroidal anti-inflammatory drugs (NSAID's) are not indicated for this patient, Denracin cream is not indicated. Recommendation is for denial.

One retrospective request of Topamax: Upheld

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

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

Decision rationale: This patient presents with chronic neck pain with a history of cervical spine fusion from C4-6. The treating physician has been prescribing Topamax to manage this patient's chronic neck pain and radiating neuropathic pain into the arms. Despite review of reports from 7/2/12 to 9/11/13, I was not able to uncover any benefit specifically ascribed to the use of Topamax. The patient is on Lyrica as well. California Medical Treatment Utilization Schedule (MTUS) guidelines require documentation of 30-50% reduction of neuropathic pain for continuation of this medication. Given the lack of this documentation and no mention of how the patient has responded to this medication, recommendation is for denial.