

Case Number:	CM13-0027566		
Date Assigned:	12/18/2013	Date of Injury:	08/31/1996
Decision Date:	03/20/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/23/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 56 year old woman who sustained a work-related injury on August 31, 1996. Subsequently, she developed chronic low back pain. The patient underwent lumbar spine surgery of unknown date, and was diagnosed with post lumbar spine surgery syndrome. According to the follow-up visit of May 7, 2013, the patient was complaining of chronic multifactorial low back pain. She was managed with intrathecal pain pump, Norco and Percocet. According to the follow-up visit of July 30, 2014, the patient continued to have low back pain. Examination of the lumbar spine demonstrated the allodynia in the right lower extremity. However, there is no clear evaluation of the effect of used medications on the patient pain severity and on the patient function, the provider request authorization to use the medication mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Endocet 10/325: 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 Criteria for use of Opioids Page(s): 179.

Decision rationale: There is clear evidence and documentation from the patient file, for a need for more narcotic medications. There is no documentation of positive functional improvement during a previous use of opioids. There is no documentation of recent improvement of pain severity. Therefore, the prescription of Endocet 10/325 is not medically necessary.

retrospective request for usage of Hydrocodone/Acetaminophen: 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 Criteria for use of Opioids Page(s): 179.

Decision rationale: There is no clear evidence of objective and recent functional and pain improvement with previous use of Opioids (Norco). There no clear documentation of the efficacy/safety of previous use of Hydrocodone/Acetaminophen. There is no clear justification for the need to continue the use of Hydrocodone/Acetaminophen. Therefore, the prescription of retrospective usage of Hydrocodone/Acetaminophen is not medically necessary at this time.

Saltstable LS compound: 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: Saltstable LS enhances skin penetration of drugs such as (NSAID's) non-steroidal anti-inflammatory drugs and muscle relaxants. According to Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant). Therefore, Saltstable LS compound is not medically necessary.