

Case Number:	CM13-0029945		
Date Assigned:	11/27/2013	Date of Injury:	04/04/2003
Decision Date:	01/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/27/2013

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; Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 57-year-old male who reported an injury on 04/04/2003. The patient is currently diagnosed with cervical spine degenerative disc disease, left shoulder impingement, and lumbar spine radiculopathy. The patient was recently seen by [REDACTED] on 11/19/2013. The patient reported a severe flare-up of lower back pain. Physical examination revealed severe tenderness of the lumbar spine and left shoulder with positive Neer's and Hawkins' testing and decreased sensation to the left lower extremity. Treatment recommendations included continuation of current medications and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 240 ml between 9/5/2013 and 10/20/2013: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. As per the clinical notes submitted, there is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Furthermore, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. California MTUS Guidelines further state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended as a whole. Despite the ongoing use of this medication, there is no evidence of objective improvement that would warrant the need for continuation.

1 Bottle of Flurbiprofen 180 grams between 9/5/2013 and 10/20/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective non-steroidal anti-inflammatory drugs (NSAID).

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are recommended for osteoarthritis for short term use of 4 weeks to 12 weeks. The only FDA approved topical NSAID includes diclofenac, which is indicated for the relief of osteoarthritis pain. As per the clinical notes submitted, there is no documentation of a failure to respond to previous oral medications prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

1 Bottle of Gabapentin/Cyclobenzaprine/Tramadol 180 grams between 9/5/2013 and 10/20/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective non-steroidal anti-inflammatory drugs (NSAID)'s.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended as there is no peer reviewed literature to support its use. Muscle relaxants are also not recommended as there is no evidence for use of any muscle relaxant as a topical product. California MTUS Guidelines further state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic.

30 Tablets of Somnicin between 9/5/2013 and 10/20/2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. As per the clinical notes submitted, there is no evidence of a failure to respond to previous nonpharmacological treatment prior to the initiation of a prescription medication. There is no documentation of persistent insomnia complaints in terms of duration of the current symptoms, sleep quality, and next day functioning.