

Case Number:	CM13-0030744		
Date Assigned:	11/27/2013	Date of Injury:	08/12/2009
Decision Date:	02/07/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 08/12/2009. The patient is currently diagnosed with fibromyalgia, gastroesophageal reflux disease, sleep disorder, and psych diagnosis. The patient was seen by [REDACTED] on 07/11/2013. The patient reported 8-9/10 pain. Physical examination revealed stiffness and tenderness in the cervical spine, tenderness to palpation over the cervical area with decreased range of motion, and intact sensation. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patches, use as directed, #30/one month supply: Upheld

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

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

Decision rationale: The MTUS guidelines indicate 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. Capsaicin is recommended only as an option in patients who have not responded or are

intolerant to other treatments. It is indicated for fibromyalgia, osteoarthritis, and chronic nonspecific back pain. As per the clinical notes submitted, there is no indication that this employee has failed to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Ultracet 37.5/325mg, 1 tab every 6 hours as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-82.

Decision rationale: The MTUS guidelines indicate a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the employee has continuously utilized this medication. Despite the ongoing use, the employee continues to report high levels of pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.