MAXIMUS Federal Services

Case Number:	CM13-0033654		
Date Assigned:	12/06/2013	Date of Injury:	02/04/2005
Decision Date:	02/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/10/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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.

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 who reported a work-related injury on 02/04/2005, specific mechanism of injury not stated. The patient presents for treatment of the following pain complaints for the lumbar spine, pelvic and right foot. The patient presents with an unstable pelvic crush injury status post surgical stabilization. The clinical note dated 09/13/2013 reports the patient was seen under the care of [redacted]. The provider documents the patient utilizes the following medications, Ethyl chloride spray as needed, Lyrica 75 mg twice a day, hydrocodone 2 tabs by mouth 4 times a day, Ambien 10 mg 1 tab by mouth at bedtime, Niravam .5 as needed 3 to 4 a day, Zanaflex 4 mg, and Cialis 10 mg. The clinical note reported the patient rates his pain at 8/10 to 9/10. The provider documented the patient at the time of injury was status post a right open reduction internal fixation at the right anterior pelvis, right sacrum, and closed reduction with percutaneous screw fixation of the sacroiliac joint. The provider documents the patient requires an AFO with appropriate shoes that are modified to normalize gait. The provider documented the patient was weight-bearing as tolerated to the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Niravam 0.5 mg #32: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient utilizes both Niravam as well as Klonopin for his chronic pain complaints. The clinical notes did not indicate how long the patient had been utilizing either of these benzodiazepines, or the clear efficacy of these pharmaceutical interventions for the patient's pain complaints. California MTUS indicates benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Given the above, the request for Niravam 0.5 mg #32 is not medically necessary or appropriate.

Ethyl Chloride Spray #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

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

Decision rationale: The current request is not supported. The provider documents the patient utilizes ethyl chloride for his foot when it "throbs" and is swollen. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, guidelines indicate any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all of the above, the request for Ethyl chloride spray #1 is not medically necessary or appropriate.