

Case Number:	CM13-0037599		
Date Assigned:	12/18/2013	Date of Injury:	08/10/1979
Decision Date:	05/26/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of August 10, 1979. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compound; Synvisc injections; functional capacity testing; and extensive periods of time off of work. In a Utilization Review Report of October 3, 2013, the claims administrator partially certified request for Vicodin for weaning purposes, approved request for Celebrex, denied request for a topical compound, approved request for a Cidaflex (glucosamine), and approved request for a urine drug screen. It was noted on progress note of September 24, 2013 that the applicant had earlier tested positive for marijuana, the claims administrator noted. The applicant's attorney appealed the denial and partial certifications. A urine drug screen of October 21, 2013 is reviewed and is apparently negative for marijuana and positive for Cyclobenzaprine, which the interpreter states is inconsistent with prescribed medications. A clinical progress note of August 16, 2013 is notable for comments that the applicant reports persistent 5-6/10 multifocal low back, knee, and ankle pain. The applicant's pain is 7-8/10 without medications and 5-6/10 with medications. Urine drug testing, Vicodin, Celebrex, Cidaflex, and topical compounds are endorsed, along with additional physical therapy, while the applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 80, 179.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved with the same. In this case, however, the applicant is off work, on total temporary disability. The applicant's reduction in pain scores from 7-8/10 to 5-6/10 appears marginal to minimal and is outweighed by the applicant's failure to improve performance of non-work activities of daily living. As further noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested for applicants who are involved in illegal activity. In this case, the applicant is reportedly using an illicit substance, marijuana, calling into question possible diversion of prescribed opioids to pay for illicit drugs. Discontinuation of Vicodin is therefore more appropriate than continuing the same, for all of the stated reasons. Therefore, the request is not medically necessary.

KETOFLEX TOPICAL OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, both of the ingredients in the compound in question, namely Flexeril and ketoprofen, are not recommended for topical compound formulation purposes. This results in the entire compound's appearing an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not medically necessary.