

Case Number:	CM13-0042989		
Date Assigned:	12/27/2013	Date of Injury:	02/28/1999
Decision Date:	04/25/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 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 patient is a 64-year-old female who reported an injury on 12/01/2006. The mechanism of injury involved a motor vehicle accident. The patient is diagnosed with cervical herniated nucleus pulposus, lumbar instability with disc herniation and radiculopathy, lumbar spondylolisthesis, lumbar disc disruption, lumbar listhesis, and bilateral thumb pain. The patient was seen by [REDACTED] on 08/16/2013. The patient reported persistent neck and lower back pain with right lower extremity radiation. Physical examination on that date revealed normal motor and sensory testing of the lumbar spine, intact sensation, and normal motor and sensory testing in the cervical spine. 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:

Gabaketolido 6//20/6.15% transderm, #120: Upheld

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

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. Any

compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no evidence for the use of any anti-epilepsy drug as a topical product. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

Hydrocodone-APAP 10/325mg, # 60: Upheld

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

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has utilized this medication since at least 09/2012. Despite ongoing use of this medication, the patient continues to report persistent neck and lower back pain. Satisfactory response to treatment has not been indicated by decrease in pain level, increase in function, or improved quality of life. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.