

Case Number:	CM13-0044673		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2010
Decision Date:	04/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	10/31/2013

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 40-year-old female who reported an injury on 02/24/2010. The mechanism of injury was lifting a heavy box while twisting around and also when she fell descending the stairs. The patient was diagnosed with thoracic or lumbosacral neuritis or radiculitis, unspecified. The patient's symptoms included diffuse thoracic back pain and diffuse low back pain. The patient reported the pain to be very severe without treatment on a regular basis. The pain was described as aching and stabbing sensation in the primary area of discomfort. The pain is partially relieved by the use of analgesic medications and various types of injection therapy. The patient reported that the use of medications produce an appreciable degree of pain relief that allows her to achieve a higher degree of daily function. The patient's current medications included Medrox ointment, Remeron 30 mg SolTab at bedtime, Ambien 5 mg tablet one half to 2 at bedtime as needed, Soma 350 mg tablet 1 twice a day as needed, Duragesic 50 mcg per hour patch 1 patch every 2 days, Protonix 40 mg tablet 1 at bedtime, Dilaudid 4 mg tablet one half to 1 four times a day as needed, Etodolac 400 mg tablet 1 twice a day as needed, lidocaine 5% ointment 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX OINTMENT #120, WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety; also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of a specific analgesic effect to each agent and how it will be useful for specific therapeutic goal required. While the guidelines support the use of methyl salicylate, they failed to reveal any guidelines or scientific evidence to support the use of menthol. In addition to that, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. As the requested medication is a compounded product that contains at least 1 drug that is not recommended, the request is not supported. Given the above, the request for prescription of Medrox ointment 3 times daily as directed #120 with 3 refills, Qty: 4.00 is non-certified.

SOMA 350MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL Page(s): 29.

Decision rationale: According to the California MTUS Guidelines, Soma is not indicated for longer than a 2 to 3 week period. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Soma abuse has also been noted in order to augment or alter effects of other drugs. Withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The patient was noted to have soft tissue dysfunction and spasm in the suprascapular, lumbar paraspinal, and gluteal region. However, as the requested medication exceeds the guideline recommendation of short-term use of 2 to 3 weeks, the patient has been noted to be taking the medication for an extended period of time. Therefore, the request is not supported. Given the above, the request for Soma 350 mg twice daily as needed #60 with 3 refills, Qty: 240.00 is non-certified.

DURAGESIC 50 MCG PATCH #15 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS DOSING Page(s): 86,93.

Decision rationale: According to the California MTUS Guidelines, Fentanyl transdermal is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opioid therapy. Pain cannot be managed by other means (e.g. NSAIDs). Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. The documentation submitted for review indicates that opioid medication allows the patient to achieve a high degree of daily function. However, documentation failed to provide evidence of the need for around the clock opioid therapy. In addition to that, the guidelines also state total daily dose of opioids should not exceed 120 mg oral morphine equivalence. For patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. As documentation indicated, the patient is also currently taking Dilaudid 4 mg tablet one half to 1, four times a day. The dosing exceeds 120 mg recommendation. Therefore, the request is not supported. Given the above, the request for prescription for Duragesic 50 mcg/hour patch every 2 days #15 with 3 refills, Qty: 60.00 is non-certified.

DILAUDID 4 MG #120 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS DOSING Page(s): 78,86.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 As for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review indicates the patient has worse pain and is unable to do less when they do not take their medications. The patient is currently experiencing no unacceptable adverse effects from their use of medication. They specifically confirm that they have not been overly sedated or intoxicated while using them. However, the California Guidelines recommend that opioid dosing do not exceed 120 mg oral morphine equivalence per day. The morphine equivalence of different opioids must be added together for patients taking more than 1 opioid, to determine the cumulative dose. As documentation indicated, the patient is also currently taking Duragesic 50 mcg per hour patch, the dosing exceeds the 120 mg recommendation. Therefore, the request is not supported. Given the above, the request for prescription of Dilaudid 4 mg half to 1 tablet 4 times daily as needed #120 with 3 refills Qty: 60.00 is non-certified.

LIDOCAINE 5% OINTMENT #200 WITH 3 REFILLS: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. No other commercially-approved topical formulations of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Nondermal patch formulations are generally indicated as local anesthetics and antipyretics. In 02/2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those particular risks were individuals that applied large amounts of the substances over large areas, left the products on for long periods of time, or used agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. The documentation submitted for review failed to provide evidence of a trial of first-line therapy such as tricyclic or SNRI antidepressants or an AED, such as, gabapentin or Lyrica. The documentation also failed to provide evidence of neuropathic pain, as the guideline states lidocaine is not recommended for non-neuropathic pain, the request is not supported. Given the above, the request for prescription of lidocaine 5% ointment 3 times daily #200 with 3 refills Qty: 4.00 is non-certified.