MAXIMUS Federal Services

Case Number:	CM13-0048880		
Date Assigned:	12/27/2013	Date of Injury:	06/28/2005
Decision Date:	06/04/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/06/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is a [redacted] employee who has filed a claim for lumbosacral sprain associated with an industrial injury date of June 28, 2005. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants, and topical compounds. Current medications include Flurbiprofen 25%, Cyclobenzaprine 10% and Tramadol 10% topical compounds, Voltaren XR, Lortab, Norco, Soma, and Vicodin ES. Documentation states that patient has been able to continue working but requires medications for functioning in daily life. Review of progress notes states unchanged constant significant lumbar pain radiating to the left lower extremity with associated numbness, tingling, and decreased sensation. Urine drug screens from 2013 detected only Carisoprodol and no opiates. Utilization review dated October 30, 2013 indicates that the claims administrator denied a request for Flurbiprofen 25%, Cyclobenzaprine 10% Tramadol 10% as these are not supported for topical use; Lortab, Norco, Vicodin, and Voltaren XR as there is no indication of any improvement in pain or function; and Soma as this medication is not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF FLUBIPROFEN 25%, CYCLOBENZAPRINE 10%, TRAMADOL 10% BETWEEN 10/7/13 AND 12/13/13: 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 CA MTUS Chronic Pain Medical Treatment guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. Regarding Cyclobenzaprine, CA MTUS Chronic Pain Medical Treatment guidelines state that baclofen and other muscle relaxants are not recommended for topical applications. Regarding Tramadol, CA MTUS does not support the use of opioid medications in a topical formulation. In this case, patient has been using this medication since at least February 2013. However, any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. There is no discussion regarding the need for variance from the guidelines. Therefore, the request for Flurbiprofen 25%, Cyclobenzaprine 10%, Tramadol 10% between 10/7/13 and 12/13/13 is not medically necessary per the guideline recommendations of MTUS.

1 PRESCRIPTION OF LORTAB 7.5/500M, #60 BETWEEN 10/7/13 AND 12/13/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: Lortab is acetaminophen/hydrocodone. As noted on pages 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least January 2013. Urine drug screens from 2013 did not detect any opiates, and there is no documentation showing clear objective benefits from opiate medication use. Therefore, the request for Prescription of Lortab 7.5/500mg, #60 between 10/7/13 AND 12/13/13 is not medically necessary per the guideline recommendations of MTUS.

1 PRESCRIPTION OF NORCO 10/325MG, #60 WITH 3 REFILLS BETWEEN 10/7/13 AND 12/13/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. As per utilization review of October 2013, patient has been on this medication since at least March

2011. However, urine drug screens from 2013 were negative for any opiates, and there is no documentation regarding symptomatic or functional improvement in this patient while on this medication. There is also no clear indication as to the necessity for multiple opioid medications in this patient. Therefore, the request for Prescription of Norco 10/325mg, #60 with 3 refills between 10/7/13 and 12/13/13 is not medically necessary per the guideline recommendations of MTUS.

1 PRESCRIPTION OF VICODIN 5/500MG, #60 BETWEEN 10/7/13 AND 12/13/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. As per utilization review of October 2013, this patient has been on this medication since 2009. However, urine drug screens from 2013 were negative for any opiates, and there is no documentation regarding symptomatic or functional improvement in this patient while on this medication. There is also no clear indication as to the necessity for multiple opioid medications in this patient. Therefore, the request for Prescription of Vicodin 5/500mg, #60 between 10/7/13 and 12/13/13 is not medically necessary per the guideline recommendations of MTUS.

1 PRESCRIPTION OF VOLTAREN-XR 100MG, #60 BETWEEN 10/7/13 AND 12/13/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least February 2013, and there is no documentation regarding the benefits derived from this medication. Long-term use is likewise not recommended. Therefore, the request for Prescription of Voltaren-XR 100mg, #60 between 10/7/13 AND 12/13/13 is not medically necessary per the guideline recommendations of MTUS.

1 PRESCRIPTION OF SOMA (DOSAGE AND FREQUENCY UNKNOWN) BETWEEN 10/7/13 AND 12/13/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,65.

Decision rationale: As noted on pages 29 and 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended. Carisoprodol is metabolized to an anxiolytic that is a schedule IV controlled substance. In addition, combination with Hydrocodone produces an effect similar to heroin. As per utilization review of October 2013, patient has been on this medication since 2009. Patient is also on multiple opiate medications as different preparations of Hydrocodone. In addition, the dosage regimen of the request was not specified. Therefore, the request for Soma is not medically necessary per the guideline recommendations of MTUS.