

Case Number:	CM13-0052444		
Date Assigned:	07/02/2014	Date of Injury:	03/23/2008
Decision Date:	08/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Practice 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:

This 44 year old male claimant sustained a work injury on 3/23/08 involving the neck and low back. He had discogenic back pain, for which he underwent placement of a spinal cord stimulator and underwent a L4-L5 laminectomy and discectomy. He eventually developed a painful spinal cord stimulator. A pain management evaluation on 9/13/13 indicated the claimant had pain that interferes with daily activities. Examination findings were notable for paravertebral tenderness and a positive straight leg raise. He had been placed continued on the following medications: Percocet 10/325 mg every 6 hours, gabapentin every 8 hours and Prilosec 20 mg twice daily. He had been taking these medications for several months. In addition he was subsequently prescribed Exoten-C compound topical application.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXOTEN-C COMPOUND 2-3 A DAY AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Exoten contains 20 % methyl salicylate, 10% menthol and .002% capsaicin. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The specified length of time and location of application is not specified. Based on the guidelines and lack of supporting evidence, Exoten-C is not medically necessary.

PERCOCET 10/325 MG EVERY 6 HOURS AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-81.

Decision rationale: Percocet contains oxycodone- a short acting opioid. Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines opioids are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Percocet for an extended length of time with continued pain symptoms. The continued use of Norco is not medically necessary.

PRILOSEC 20 MG BY MOUTH 2 TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the claimant is not on NSAIDs. Therefore, the continued use of Prilosec is not medically necessary.