

Case Number:	CM13-0054861		
Date Assigned:	12/30/2013	Date of Injury:	08/05/2008
Decision Date:	06/09/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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 Internal 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 injured worker is a 56 year-old male who is reported to have sustained a work related injury on 08/05/08. The injured worker is noted to have bilateral shoulder pain is status post multiple bilateral shoulder surgeries. On the left surgeries were performed in 1994, 2004, 2008, and 2010. On the right surgery was performed in 2010. The injured worker has had postoperative therapy. Despite this he continues to have complaints of pain that is managed by oral medications. The submitted clinical records indicate the injured worker undergoes routine urine drug screens for compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 30mg, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-81.

Decision rationale: The injured worker is a 56 year-old male who is status multiple surgeries and has a chronic pain syndrome. The medical records provided for review indicate the injured worker has significant levels of pain despite treatment. The records indicate the injured worker is

compliant with treatment. However, the records do not provide detailed information establishing functional improvement with the use of this medication. The injured worker is no longer working. As such the continued use of this medication would not be supported under the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.

Skelaxin 800mg, quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63-66.

Decision rationale: The injured worker is a 56 year-old male who is status multiple surgeries and has a chronic pain syndrome. The records report the injured worker has significant levels of pain despite treatment. The most recent clinical does not establish the presence of myospasm for which this medication would be indicated. The MTUS Chronic Pain Guidelines does not support the chronic use of muscle relaxants for pain. As such the continued use of this medication would not be supported under the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.

Cidafex, quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: The submitted clinical records indicate the injured worker is status post multiple bilateral shoulder surgeries that have ultimately resulted in post traumatic osteoarthritis. According to the Official Disability Guidelines, the use of this supplement is recommended and has shown benefit in clinical studies. Consequently, the request is medically necessary and appropriate.

Miralax bottles 473 ml, quantity 2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-81.

Decision rationale: The medical records provided for review indicate the injured worker is chronically on opiate medications. According to the MTUS Chronic Pain Guidelines,

prophylaxis for constipation is indicated. The request is therefore medically necessary and appropriate.

Ketofen mild ointment, quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines and the Official Disability Guidelines do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains Ketoprofen which has not been approved by the FDA for transdermal use. According to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary and appropriate.