

Case Number:	CM13-0060735		
Date Assigned:	12/30/2013	Date of Injury:	03/12/2003
Decision Date:	03/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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 claimant is a 54 year old male who sustained a work-related injury on 3/12/03. The mechanism of injury was not provided. His diagnoses include headaches, neck pain, left elbow, right shoulder, and right arm pain associated with numbness and tingling. On exam, he has decreased range of cervical motion of the cervical, lumbar spine and right shoulder. Treatment to date has included medications, cervical surgery, physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a qualitative drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The patient is maintained on a medical regimen which includes various opioid medications (Norco, Oxycodone). Per the Chronic Pain Management Treatment Guidelines, screening is recommended in chronic pain patients to track dependence and addiction with opioids, as well as compliance and potential misuse of other medications. The documentation indicates that since January 2013, the claimant has undergone at least ten

urinalysis and the findings were inconsistent with the medications prescribed; however no attempts were made to alter or modify the claimant's pharmaceutical regimen. There is no indication that repeat testing without modification of his present medical regimen is medically warranted. Medical necessity for the requested item has not been established. The requested test is not medically necessary.

The request for 60 Oxycodone 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The documentation indicates that the enrollee has been treated continuously with Oxycodone since June 2013. Per California MTUS Guidelines, short-acting opioids are an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with these agents requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, last reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation, there has been no documentation of the medication's effectiveness and no clear documentation that he has responded to opioid therapy. Medical necessity for the requested treatment has not been established. The requested medication is not medically necessary.

90 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The documentation indicates that the enrollee has been treated with Norco since 2011. Per the California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, last reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation, there has been no documentation of the medication's effectiveness and no clear documentation that he has responded to ongoing opioid therapy. Per the medical documentation, he has been urged to wean off the medication. The patient has continued pain despite the use of short acting opioid medications. Medical necessity for the

requested treatment has not been established. The requested medication is not medically necessary.

The request for 240ml of Terocin (Capsaicin 0.02%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%): 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: There is no documentation necessitating the use of the requested topical medication. Per the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages like a lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factors). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as a whole. In this case, there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. The MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medication has not been established. The requested medication is not medically necessary.

The request for 180mg of Flurbi (NAP) cream-LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%): 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: There is no documentation necessitating the use of the requested topical medication. Per the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages like a lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanoids, bradykinin, adenosine

triphosphate, biogenic amines, and nerve growth factors). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as a whole. In this case there is no documentation that indicates safety and efficacy of Flurbiprofen 20% or Amitriptyline 4% for the treatment of chronic pain. Medical necessity for the requested treatment has not been established. The requested medication is not medically necessary.

The request for 180 grams of Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%): 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: There is no documentation necessitating the use of the requested topical medication. Per the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages like a lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factors). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as a whole. In this case there is no documentation that indicates safety and efficacy of topical Tramadol, Cyclobenzaprine, or Gabapentin. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested treatment has not been established. The requested medication is not medically necessary.

The request for 30 Somnicin: 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. Decision based on Non-MTUS Citation Medscape Internal Medicine: Sleep Medications 2013.

Decision rationale: Somnicin is a medication which is an oral compound medication composed of melatonin 2mg, 5 HTP 50mg, Pyridoxine 10mg, and Magnesium 50mg. There are no evidence-based guidelines and research based literature supporting the use of vitamin B6 or L-typtophan for the treatment of insomnia. Per California MTUS 2009 Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical necessity for the requested treatment has not been established. The requested medication is not medically necessary.