

Case Number:	CM13-0060766		
Date Assigned:	12/30/2013	Date of Injury:	09/11/2009
Decision Date:	04/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/03/2013

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, has a subspecialty in Pain Medicine 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 45-year-old female who reported an injury on 09/11/2009. The mechanism of injury was not specifically stated. The patient is currently diagnosed with cervical radiculopathy, cervical disc degeneration, cervical facet arthropathy, depression, anxiety, headaches, a history of hemorrhoids, chronic constipation and diarrhea, and history of anal fissure. The patient was seen by [REDACTED] on 09/04/2013. The patient reported persistent lower back pain with radiation to bilateral lower extremities, as well as neck pain with radiation to bilateral upper extremities. Physical examination revealed spinal vertebral tenderness, myofascial tenderness to palpation, limited cervical range of motion, and no changes in sensory or motor examination. Treatment recommendations included prescriptions for gabapentin, ibuprofen, Biofreeze, Nucynta, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFREEZE 4% GEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation with limited range of motion. There is no indication of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Therefore, the requested Biofreeze gel is not medically necessary or appropriate.

ANUSOL-HC 25MG SUPPOSITORY #30:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 March 2014.

Decision rationale: Topical hydrocortisone may be prescribed to relieve itching, redness, dryness, inflammation, and discomfort of various skin conditions. It is also used for inflammation of ulcerative colitis or proctitis, or for the swelling and discomfort of hemorrhoids and other rectal problems. As per the documentation submitted, the patient does maintain a diagnosis of a history of hemorrhoids and chronic constipation with a history of anal fissure. However, it is also noted that the patient is currently treating her constipation disorder with a diet, and is pending a gastrointestinal consultation. There is no evidence of a failure to respond to first-line treatment for opioid-induced constipation. Based on the clinical information received, the requested Anusol is not medically necessary at this time.

NUCYNTA ER 75MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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) Chronic Pain Chapter, Tapentadol (Nucynta®).

Decision rationale: The Official Disability Guidelines state that Nucynta is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. As per the documentation submitted, the patient does not meet the criteria for the requested medication. There is no objective evidence of an intolerable adverse effect to a first-line opioid medication. The patient is currently utilizing Norco 10/325mg. Based on the clinical information received, the requested Nucynta is not medically necessary at this time.