

Case Number:	CM13-0062386		
Date Assigned:	12/30/2013	Date of Injury:	12/06/2003
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 48-year-old female who sustained an unspecified injury on 12/06/2003. The patient was evaluated on 10/22/2013 for continued pain in the low back and legs including knees and ankle. The patient noted her pain as 3/10 on the Visual Analog Scale with the use of medication. Upon physical examination, the patient was noted to have hyperpigmentation due to scratching which was noted as very visible when the patient showed it. Physical exam of the left lower extremity noted pain with eversion, inversion, upon palpation, and joint swelling. Physical examination of the right lower extremity noted pain with extension, painful varus stress, decreased flexion, and pain with flexion. Physical examination of the spine noted pain at the midline, mild pain with directed palpation, painful midline and paraspinal muscles, tenderness to left paralumbar and right paralumbar regions. Physical examination of the integumentary system noted no rashes or lesions, no facial rash or lesions, and no neck rash or lesions. The patient's diagnoses were noted as knee pain, ankle pain, and lumbago. The treatment plan stated to continue meds as prescribed, try Requip, and have Atarax for itching.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325 #60 with 3 refills:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78-79.

Decision rationale: The request for 1 prescription of Norco 10/325 #60 with 3 refills is non-certified. The documentation submitted for review indicated the patient's pain level was 3/10 with the use of medications. The documentation further stated the patient's pain seemed worse with the change in weather. The California MTUS Guidelines recommend ongoing monitoring of patients with opioid therapy. The Guidelines recommend ongoing monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The documentation submitted for review did not indicate what the patient's pain level was without the use of medication; therefore, the analgesic effect of the medication is unclear. Furthermore, the documentation submitted for review did not indicate the patient had any functional improvement with the continued use of the medication. The physical examination findings noted the patient as having decreased range of motion and pain the lumbar region. The Guidelines recommend discontinuation of opioids if there is no overall improvement in function, unless there are extenuating circumstances. The documentation submitted for review did not indicate any extenuating circumstances to continue the use of the medication. Therefore, the continued use of the medication is not supported. Given the information submitted for review, the request for 1 prescription of Norco 10/325 #60 with 3 refills is non-certified.

1 Prescription of Atarax 50mg #60 with 3 refills: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/atarax.html>

Decision rationale: The request for 1 prescription of Atarax 50mg #60 with 3 refills is non-certified. Drugs.com states that Atarax is used as a sedative to treat anxiety and tension and also acts as an antihistamine that reduces the natural chemical histamine in the body. The documentation submitted for review did not indicate the patient suffered from anxiety, tension, or other condition for which the medication would be supported. The documentation submitted for review indicated the patient had hyperpigmentation due to scratching; however, did not address the causation of the scratching. Therefore, the use of the medication is not supported. Given the information submitted for review, the request for 1 prescription of Atarax 50mg #60 with 3 refills is non-certified.

1 Prescription of Hydroquinine 2% topical cream #30g with 3 refills:

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/pro/hydroquinone-cream.html> Official Disability Guidelines do not address Hydroquinone

Decision rationale: The request for 1 prescription of Hydroquinine 2% topical cream #30g with 3 refills is non-certified. The documentation submitted for review indicated the patient had multiple areas of hyperpigmentation due to scratching. Drugs.com indicates the use of hydroquinone cream for hyperpigmented skin conditions such as chloasma, melasma, freckles, senile lentigines, and other unwanted areas of melanin hyperpigmentation. The documentation submitted for review did not indicate a medical condition causing the hyperpigmentation. The documentation submitted for review indicated that hyperpigmentation was due to scratching. Therefore, as the causation of the scratching was not addressed and the causation of the hyperpigmentation is unclear, the use of the medication is not supported. Furthermore, drugs.com does not recommend the use of hydroquinone on broken patches of skin. As the patient was noted to be scratching, causing the hyperpigmentation, the use of the medication is contraindicated. Given the information submitted for review, the request for 1 prescription of Hydroquinine 2% topical cream #30g with 3 refills is non-certified.

1 Prescription of Requip 1mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/requip.html> Official Disability Guidelines do not address Requip

Decision rationale: The request for 1 prescription of Requip 1mg #30 with 2 refills is non-certified. The documentation submitted for review did not indicate for which medical condition the medication was being prescribed. Drugs.com indicates the use of Requip is to treat symptoms of Parkinson's disease. The documentation submitted for review did not indicate the patient had Parkinson's disease. The patient's diagnoses were noted as knee pain, ankle pain, and lumbago. There was no indication the patient had another underlying medical condition for which this medication would be prescribed. Therefore, the use of the medication is not supported. Given the information submitted for review, the request for 1 prescription of Requip 1mg #30 with 2 refills is non-certified.