

Case Number:	CM13-0063507		
Date Assigned:	02/03/2014	Date of Injury:	09/23/2010
Decision Date:	05/09/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/10/2013

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 Medicine and is licensed to practice in Arizona. 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:

Patient is a 57 year old male with a date of injury on 9/23/2010. Diagnosis is of cervical radiculitis, cervical disc degeneration, and headaches. Subjective complaints are of neck pain with radiation to the upper extremities, and constant hemi-cranial pain. Physical exam shows tenderness to palpation over left temporoparietal and left suboccipital area, cervical tenderness, decreased cervical spine range of motion, decreased sensation over C5-7 dermatome, moderate decrease strength in bilateral upper extremities, normal reflexes, and gait was intact. Medications include ibuprofen, which is helpful but upsets his stomach. Omeprazole is taken to counteract the stomach upset. Requested medications include Medrox cream twice a day, Ultracet 1-2 tablets as needed every 4 hours, and Neurontin 600mg at bedtime. Other treatments have included physical therapy and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET, 1-2 TABLETS EVERY FOUR HOURS AS NEEDED, NOT TO EXCEED 4 TABLETS PER DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS guidelines suggest that opioid therapy should not be initiated until patient has failed.

Decision rationale: CA MTUS guidelines suggest that opioid therapy should not be initiated until patient has failed other non-opioid analgesics. Guidelines also suggest that for neuropathic pain opioids are not generally recommended as a first-line therapy. While documentation shows side effects from ibuprofen, there was no demonstrated failure of other analgesics or antiepileptic medications. Furthermore, for this patient, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, or updated urine drug screen. Therefore, the medical necessity of Ultracet is not established. Therefore, the request for Ultracet, 1-2 tablets every four (4) hours as needed, not to exceed 4 tablets per day is not medically necessary and appropriate.

MEDROX CREAM TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; TOPICAL SALICYLATES Page(s): 111-113; 105.

Decision rationale: Medrox is a medication that includes methyl salicylate, menthol, and capsaicin. California Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. While capsaicin has shown some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Topical Salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Due to Medrox not being in compliance to current use guidelines and without clear documentation of clinical improvement the requested Medrox cream twice a day is not medically necessary and appropriate.

NEURONTIN 600MG, 1 AT BEDTIME: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: CA MTUS indicates that gabapentin (Neurontin) is an anti-seizure medication that is a first-line treatment for neuropathic pain. CA MTUs also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. Review of the Final Determination Letter for IMR Case Number [REDACTED] submitted medical records shows documentation that demonstrates neuropathic pain. Records do not indicate that the patient had previously been prescribed an antiepileptic medication and the

current request is to initiate therapy with gabapentin. Therefore, the request for Neurontin 600mg, at bedtime is medically necessary and appropriate.