

Case Number:	CM13-0068366		
Date Assigned:	01/03/2014	Date of Injury:	06/03/2002
Decision Date:	05/30/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 66-year-old female who reported injury on 06/03/2002. The mechanism of injury was not provided. The clinical documentation indicated the injured worker had been on opiates and muscle relaxants since 2012. The injured worker was noted to be on Lyrica since early 2013. The documentation of 08/09/2013 revealed the injured worker had tenderness to palpation in the lumbar paraspinal area and had pain to the sacroiliac joint on the right. The diagnoses included chronic neck and low back pain, complex regional pain syndrome of the right upper extremity, lumbar spinal stenosis, degenerative disc disease of the lumbar spine and lumbar spondylosis and radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ULTRACIN 0/025-28/10% 120ML LOTION WITH 11 REFILLS: 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, Capsaicin, Page(s): 111, 105, 28.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. California MTUS guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov the medication is a combination of methyl salicylate (28%), menthol (10%) and capsaicin (0.025%). Its use is for the temporarily relieves mild aches and pains of muscle and joints. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of anticonvulsants and antidepressants. There was lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. There was a lack of documentation indicating a necessity for 11 refills without re-evaluation. Given the above, the perspective request for 1 prescription of Ultracin 0.025-28/10% 120 mL lotion with 11 refills is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ROXICODONE IR 15MG #45:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Ongoing Management, Opioid Dosing, Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence the injured worker is being monitored aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was evidence the injured worker was being monitored for aberrant drug behavior. There was lack of documentation of objective improvement in function, and an objective decrease in pain as well as documentation the injured worker was being monitored for side effects. The cumulative dosing would be 262.5 mg of oral morphine equivalents per day which exceeds the guideline recommendations of 120 mg of oral morphine equivalents per day. Given the above, the perspective request for 1 prescription of Roxicodeone IR 15 mg #45 is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325MG #180:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Ongoing Management, Opioid Dosing, Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence the injured worker is being monitored aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was evidence the injured worker was being monitored for aberrant drug behavior. There was lack of documentation of objective improvement in function, and an objective decrease in pain as well as documentation the injured worker was being monitored for side effects. The cumulative dosing would be 262.5 mg of oral morphine equivalents per day which exceeds the guideline recommendations of 120 mg of oral morphine equivalents per day. Given the above, the perspective request for 1 prescription of 10/325mg #180 is not medically necessary .

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF AVINZA 90MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Ongoing Management, Opioid Dosing, Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence the injured worker is being monitored aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was evidence the injured worker was being monitored for aberrant drug behavior. There was lack of documentation of objective improvement in function, and an objective decrease in pain as well as documentation the injured worker was being monitored for side effects. The cumulative dosing would be 262.5 mg of oral morphine equivalents per day which exceeds the guideline recommendations of 120 mg of oral morphine equivalents per day. Given the above, the perspective request for 1 prescription of avinza 90mg #60 is not medically necessary.