

Case Number:	CM13-0069883		
Date Assigned:	01/03/2014	Date of Injury:	12/10/2001
Decision Date:	05/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/23/2013

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 and is licensed to practice in New York 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 63 year old male injured on 12/10/01 when a heavy spring broke and struck him in the head. The patient subsequently underwent anterior cervical fusion at C5-6 with initial improvement postoperatively followed by progressive increase in pain with the greatest being headaches and ongoing pain in the right shoulder. The clinical note dated 12/03/13 indicates the patient presented with continued neck pain radiating to the right shoulder without significant mid back or upper back pain. The patient indicates he has not been exercising due to increased tiredness. He also reports Colace did not help with complaints of constipation due to medications. The patient reports taking Ultracet twice a day and Percocet as needed. The patient indicated he had leftover Percocet; however, does require additional refill. The patient reported his pain at 7/10 with a decrease to 3/10 with medication use. Physical examination revealed reflexes of the upper extremity are 1+, strength is 5/5, negative Hoffman's, and 2 beat clonus on the right and 1 on the left. The patient was prescribed Senokot for constipation, 60 tablets of Percocet to cover 3 months, and 180 tablets of Ultracet in addition to Biofreeze. Current medications include Percocet 5/325 1-2 PRN, Ultracet 37.5/325 BID, Prilosec 20mg PRN, Nuvigil, and Pristiq 50mg QD, Ritalin, Biofreeze PRN, and Senokot per prescription that day.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENOKOT 50/8.6MG #270: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Management of Constipation", by McKay SL, Fravel M, et al, from the University of Iowa Gerontological Nursing Interventions Research Center.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Foods

Decision rationale: As noted in the Pain Chapter of the Official Disability Guidelines - Online version, medical food are recommended when they meet current guidelines set forth by the United States Federal Drug Administration and Official Disability Guidelines - Online version. However, Senna is currently on the list approved medical foods. Additionally, there is no indication that the patient has failed the over-the-counter form of this medication. As such, the request for Retrospective Request for 1 prescription of Senokot 50/8.6 #270 is not supported as medically necessary.

PERCOCET 5/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Percocet 5/325mg #60 cannot be established at this time.

ULTRACET 37.5/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of

ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Ultracet 37.5/325 mg #180 cannot be established at this time.

BIOFREEZE #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and Final Determination Letter for IMR Case Number CM13-0069883 5 anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CA MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore, Biofreeze #2 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.