

Case Number:	CM13-0072040		
Date Assigned:	01/17/2014	Date of Injury:	03/31/2008
Decision Date:	06/09/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 was injured on 3/31/2008. The diagnoses listed are neck pain, headache, low back pain, psychogenic pain, anxiety and depression. The patient has completed acupuncture treatments. On 1/27/2014, [REDACTED] noted subjective complaints of constipation, heartburn, nausea and abdominal pain. The patient also complained of poor concentration and balance problems. The pain score was noted as 9-10/10 without morphine but 6/10 with morphine. No aberrant behavior was noted. The UDS was consistent. The patient was able to take care of disabled her husband. The medications listed are ibuprofen, morphine, diclofenac cream and capsaicin cream for pain, lactulose for constipation and Synovacin for arthritis. A Utilization Review decision was rendered on 12/24/2013 recommending non certification of capsaicin cream 0.075%, lactulose 10pm /15ml, diclofenac sodium cream, 1.5%, morphine sulfate ER 15mg tid and Synovacin-glucosamine 500mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN: 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 Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of arthritic and neuropathic pain. Topical analgesics can be utilized in the treatment of neuropathic pain when trials with first-line medications such as anticonvulsants and antidepressants have failed. The guideline support the use of capsaicin at concentrations of 0.025%-0.0375 for osteoarthritis and 0.075% for neuralgia or neuropathy. The records did not specify the indication or location of use of the capsaicin cream. The record did not show failure of treatment with antidepressants and anticonvulsants in this patient who was reported to have significant history of anxiety, depression and psychogenic pain.

LACTULOSE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation VA/DOD Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids in the treatment of chronic pain. The chronic use of opioids is associated with gastrointestinal side effects and complications such as decreased gastrointestinal motility and constipation. The patient reported significant pain relief with the use of morphine sulfate ER 15mg tid. The patient is compliant with opioid monitoring measures. On 1/27/2014, the patient complained of constipation, heartburn, nausea and abdominal pain. The constipation is responsive to treatment with Lactulose. Untreated chronic constipation could lead to fecal impaction and intestinal obstruction.

DICLOFENAC SODIUM: 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 Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of neuropathic pain and osteoarthritis. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal side effects. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest periods during acute injury and exacerbations of musculoskeletal pain. There are established reports of diminished efficacy over time with the use of topical NSAIDs preparations. The combined use of multiple NSAIDs in both oral and topical preparations is associated with increased incidence of complications. The record indicate that the patient is also utilizing ibuprofen 800mg.

MORPHINE SULFATE ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of musculoskeletal pain. Opioids are indicated for the short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain when treatment with standard NSAIDs, physical therapy and exercise. The records indicate that the patient was compliant with opioid monitoring measures. There is documentation of opioids associated side effects such as nausea and constipation that have not resolved with treatment. The patient also complained of problems with concentration and balance. There is also history of significant co-existing psychiatric conditions such as anxiety, depression and psychogenic pain syndrome. The presence of co-existing severe psychiatric conditions or medications can increase the risk of adverse drug effects and complications. This indicates that the request is not medically indicated or necessary.

SYNOVACIN-GLUCOSAMINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The CA MTUS addressed the use of vitamins and food supplements for the prevention and treatment of arthritis pain. Glucosamine can be used as a food supplement for the prevention of osteoarthritis. The efficacy of glucosamine in the treatment of discogenic cervical and lumbar spine pain have not been established. The record did not indicate that the patient is being treated for osteoarthritis of the knee.