

Case Number:	CM14-0000421		
Date Assigned:	01/17/2014	Date of Injury:	06/24/2004
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 58 year old male with date of injury 6/24/2004. The mechanism of injury is described as injury while carrying a heavy cabinet. The patient has complained of neck and lower back pain since the date of injury. He has been treated with physical therapy and medications. MRI of the cervical spine dated 03/2013 was described as normal cervical spine. MRI of the lumbar spine dated 01/2012 revealed disc disease at L4-S1, facet arthropathy at L5-S1 and right sided neuroforaminal stenosis at L5-S1. Objective: tenderness to palpation of the cervical spine and paraspinous musculature, pain with range of motion of the cervical spine; tenderness to palpation of the lumbar spine and paraspinous processes, pain with range of motion of the lumbar spine. Diagnoses: cervical spine myofascial pain with degenerative joint disease; lumbar spine degenerative joint disease. Treatment plan and request: Vicodin, Tramadol, Flexeril, Narcosoft, Flurbiprofen/Cyclobenzaprine cream, Tramadol/ Gabapentin/ Menthol/ Camphor/ Capsacin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 7.5/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Page(s): 76-85, 88-89..

Decision rationale: This 58 year old male has complained of chronic neck and back pain since date of injury 6/24/2004. He has been treated with physical therapy and medications to include Vicodin since at least 02/2013. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Vicodin is not indicated as medically necessary.

TRAMADOL ER 150MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Page(s): 76-85, 88-89..

Decision rationale: This 58 year old male has complained of chronic neck and back pain since date of injury 6/24/2004. He has been treated with physical therapy and medications to include Tramadol since at least 02/2013. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.

CYCLOBENZAPRINE 7.5MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 41-42.

Decision rationale: This 58 year old male has complained of chronic neck and back pain since date of injury 6/24/2004. He has been treated with physical therapy and medications. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

NARCOSOFT #90,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

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: www.uptodate.com.

Decision rationale: This 58 year old male has complained of chronic neck and back pain since date of injury 6/24/2004. He has been treated with physical therapy and medications. There is no documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Narcosoft. On the basis of this lack of documentation, Narcosoft is not indicated as medically necessary.

FLURBIPROFEN/CYCLOBENZAPRINE 15/10% CREAM #180GM: 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.

Decision rationale: This 58 year old male has complained of chronic neck and back pain since date of injury 6/24/2004. He has been treated with physical therapy and medications. There is no documentation supporting the rationale for use of this medication in this patient. Per the MTUS guidelines cited above, the use of topical agents in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flexeril, Narcosoft, Flurbiprofen/Cyclobenzaprine cream is not indicated as medically necessary.

TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR/CAPSAICIN 8/10/2/0.05% CREAM #180GM: 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.

Decision rationale: This 58 year old male has complained of chronic neck and back pain since date of injury 6/24/2004. He has been treated with physical therapy and medications. There is no documentation supporting the rationale for use of this medication in this patient. Per the MTUS guidelines cited above, the use of topical agents in the treatment of chronic pain is largely

experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above Tramadol/ Gabapentin/ Menthol/ Camphor/ Capsaicin cream is not indicated as medically necessary.