

Case Number:	CM14-0003801		
Date Assigned:	02/03/2014	Date of Injury:	04/27/2008
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 50-year-old male who reported a back injury on 04/27/2008. The mechanism of injury was not provided with the submitted documentation. The clinical note dated 12/18/2013 the injured worker reported cervical pain and right elbow pain with numbness. The physical exam reported positive signs of cubital tunnel syndrome. The clinical note dated 12/16/2013 reported the injured worker had a positive Spurling's maneuver. A urine drug screen was dated 12/30/2013 and reported expected findings. The request for authorization was dated 11/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF TGICE CREAM 180GM TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-112.

Decision rationale: The proprietary active ingredients of TG ICE cream is Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin. The CA MTUS guidelines state any

compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, gabapentin is not recommended because there is no peer-reviewed literature to support use and is not recommended by the guidelines. Lastly, the compound contains more than one ingredient that is contraindicated by the MTUS guidelines. Thus, the request is non-certified.

PRESCRIPTION OF NORCO 10/325MG, 1 BY MOUTH EVERY 6-8 HOURS AS NEEDED, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATION FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 78.

Decision rationale: The CA MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Within the clinical notes the injured worker has reported high pain ratings and the limited pain assessments did not indicate whether the pain rating were done with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Hence, the request is non-certified.