

Case Number:	CM14-0004649		
Date Assigned:	01/22/2014	Date of Injury:	05/11/2004
Decision Date:	06/12/2014	UR Denial Date:	12/09/2013
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 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 58 year old female with a reported date of injury on 05/11/2004. The mechanism of injury was not submitted within the medical records. The progress note dated 09/13/2013 noted the injured worker reported mild pain in the lumbar spine that was aggravated with prolonged position. The injured worker also complained of radiating pain into the bilateral lower extremities with numbness and tingling to her feet. The physical examination revealed palpable tenderness and spasm over the paravertebral musculature. Range of motion testing showed forward flexion to approximately 24 inches from the floor and extension was 10 degrees. Straight leg raise was positive to the bilateral lower extremities down to her feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: The injured worker has been on Anaprox since at least 01/07/2013. The California Chronic Pain Medical Treatment guidelines recommend NSAIDS for acute

exacerbations of chronic pain as a second-line treatment after acetaminophen. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs for short-term symptomatic relief. There is also inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis in with neuropathic pain. The injured worker has been on Anaprox since 01/07/2013 at least and the pain was not rated using a scale. There was a lack of documentation of significant objective functional improvement with the medication. Therefore, the request is not medically necessary.

LORTAB 7.5/500 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80.

Decision rationale: The injured worker has been on Lortab since at least 01/07/2013. The California Chronic Pain Medical Treatment guidelines state the opioids have been suggested for neuropathic pain that has not responded to first-line recommendation (antidepressants, anticonvulsants). There are no trials of long-term use. The guidelines state opioids appear to be efficacious but limited for short-term pain relief and long term efficacy is unclear (>16 weeks), but also appears limited. The injured worker has been on this medication since at least 01/07/2013. The efficacy of the medication was unclear as there was a lack of documentation of significant objective functional improvements and decreased pain. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE 10% - TRAMADOL 10% OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-114.

Decision rationale: The injured worker has been recommended the topical analgesic to reduce the impact on the injured worker's gastrointestinal system. The California Chronic Pain Medical Treatment guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines also state there is no evidence for use of muscle relaxants for topical application. There is a lack of evidence regarding a trial of antidepressants or anticonvulsants for neuropathic pain. The guidelines do not recommend the use of a muscle relaxant for topical application. Therefore, the request is not medically necessary.

