

Case Number:	CM14-0009342		
Date Assigned:	02/12/2014	Date of Injury:	10/15/1997
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/24/2014

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 California. 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 is a patient with a date of injury of 10/15/97. A utilization review determination dated 1/6/14 recommends non-certification of compound cream. Modified approval was given to Lyrica, Vicodin, and Soma. A 12/9/13 medical report identifies soreness and stiffness in the low back and left leg, pain 4-6/10 on average with radiation to the left leg, and frequent numbness and tingling in the left foot. Medications give 60-70% pain reduction and he is more functional. On exam, there is low back tenderness, limited range of motion (ROM), 4+/5 strength with left plantar flexion and great toe extension, 5-/5 for ankle dorsiflexion, and decreased sensation L5 on the left. A 9/10/13 medical report identifies pain 6/10 with radiation to the left leg, and frequent numbness and tingling in the left foot. Medications give 60-70% pain reduction and he is more functional. On exam, there is low back tenderness, limited ROM, 4+/5 strength with left plantar flexion and great toe extension, 5-/5 for ankle dorsiflexion, and decreased sensation L5 on the left. A 6/28/13 medical report identifies pain 6/10 and 60-70% relief with medications and he is more functional on medications. A 4/30/13 medical report identifies pain 3-5/10 with 60-70% relief with medications and he is more functional on medications. 2/1/13 medical report identifies 3-5/10 pain with 60-70% relief with medications and he is more functional on medications. A 12/21/12 medical report identifies 3-5/10 pain with 60-70% relief with medications and he is more functional on medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 50 MG -1 TABLET 3 TIMES DAILY (RETROSPECTIVE 9/10/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 20

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.

Decision rationale: The MTUS Chronic Pain Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. MTUS Chronic Pain Guidelines go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the provider notes 60-70% pain relief and functional improvement with medications. However, the pain scores recorded over time do not appear to support the presence of any significant pain relief and there are no specific examples of functional improvement noted. In the absence of such documentation, the current request is not medically necessary.

SOMA 350 MG #30 -1 TABLET 1 TO 3 TIMES DAILY AS NEEDED FOR MUSCLE SPASMS (RETROSPECTIVE 9/10/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.

Decision rationale: The MTUS Chronic Pain Guidelines supports the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, the provider notes 60-70% pain relief and functional improvement with medications. However, the pain scores recorded over time do not appear to support the presence of any significant pain relief and there are no specific examples of functional improvement noted. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by the MTUS Chronic Pain Guidelines. In the absence of such documentation, the current request is not medically necessary.

COMPOUND CREAM (RETROSPECTIVE FROM 9/10/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines does provide some limited support for specific topical medications in the management of specific conditions. Within the medical records provided for review, there is no documentation of the components of the requested cream. In the absence of such documentation, the current request is not medically necessary.