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| Case Number: | CM14-0101176 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 04/17/2012 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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 and Rehabilitation and is licensed to practice in Texas, and Ohio. 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 57-year-old female who reported an injury on 04/17/2012. The documentation indicated the injured worker was utilizing opiates, NSAIDs, and muscle relaxants as well as PPIs since 2012. The mechanism of injury was noted to be the injured worker was helping to lift and turn a patient over and starting have pain in her low back. The injured worker underwent an MRI of the lumbar spine. The injured worker underwent an EMG/NCV on 03/01/2014. The documentation of 05/17/2014 revealed the injured worker had a slowed gait with a notable limp, and was noted to be relying on a cane when ambulating. The injured worker appeared less distressed than previously. The diagnosis included the injured worker was emotionally labile. The injured worker was noted to be in mental health treatment with psychotropics. The diagnosis included bipolar 1 disorder (most recent episode manic severe without psychotic features), post-traumatic stress disorder, pain disorder associated both with psychological factors in general medical condition, and a Global Assessment of Functioning of 52. The treatment plan included 8 sessions of psychotherapy and per the DWC Form RFA, Mentoderm 120mL, docusate sodium 100mg #100, Acetadryl 500/25mg #350, Percocet 10/325 #120, and Flexeril 10mg #30. There was a DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: 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 63 Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. There was a lack of documentation of efficacy for the requested medication as well as functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10mg #30 is not medically necessary.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 78, 86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325mg #120 is not medically necessary.

Menthoderm 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111, Topical Salicylates, page 105 Page(s): 111, 105.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to indicate the

injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Mentoderm 120gm is not medically necessary.

Norco 7.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 78, 86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Norco 7.5/325mg is not medically necessary.