

Case Number:	CM14-0104239		
Date Assigned:	07/30/2014	Date of Injury:	08/08/2008
Decision Date:	09/17/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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 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:

The injured worker is a 60-year-old male who reported an injury on 04/07/1999 due to an unspecified cause of injury. The injured worker complains of neck, bilateral hand pain, and lower back along with pain that radiated to the right leg. The diagnoses included degeneration of the cervical intervertebral discs, cervical disc displacement, lumbar disc displacement, cervical radiculitis, lumbar radiculopathy, low back pain and carpal tunnel syndrome. The diagnostic included x-ray, MRI, electromyogram/nerve conduction study. The past treatments included physical therapy and injections. The clinical note dated 05/07/2014 to the cervical spine revealed tenderness to the trapezius muscle with 2+ spasm of the paravertebral muscle. Range of motion was restricted with forward flexion/extension. The examination of the upper extremities revealed sensation to light touch that was diminished over the C5 dermatome, the C6 dermatome, and the C7 dermatomes. The motor strength measured 5/5 to the upper extremities. Palpation showed no specific tenderness. Reflexes were equal and symmetrical bilaterally. Straight leg raise was positive at 40 degrees. Range of motion of the spine was limited secondary to pain. The lower extremity deep tendon reflexes were absent at the knees. Sensation to light touch decreased at the right. Motor strength to the lower extremities measured a 5/5. A prior MRI of the cervical spine revealed status post C5-6 post fusion. The medications included Norco 10/325 mg, Neurontin 600 mg, Soma 350 mg, Dexilant tab 6 mg to 120 mg, Methoderm spray and Roxicodone. The treatment plan included therapeutic exercise and weaning the injured worker off narcotics. The request for Authorization dated 06/17/2014 was submitted with documentation. The rationale for the medications was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, page 75, Ongoing Management, page 78 Page(s): 75; 78.

Decision rationale: The request for Norco #9 is non-certified. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the clinical note 05/07/2014, was not evident that the injured worker had been assessed for the aberrant drug behavior with a long term use, incident was 1999. Also, the injured worker's functional deficits and pain measurements were not assessed. The request did not indicate frequency, dosage or duration. As such, the request is non-certified.

Soma 350mg 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Soma 350 mg 30 is non-certified. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. There is lack of evidence provided that the injured worker received conservative care such as physical therapy and pain medication management. As such, the request is non-certified. The guidelines recommend a non-sedating muscle relaxant with caution as a second line option for short treatment for chronic lower back pain. Per the documentation provided the injured worker had physical therapy and conservative care; however, no documentation that was submitted for review. The Soma should be used only for acute exacerbations in patients with chronic lower back pain. The request did not address the frequency. As such, the request is non-certified.

Methoderm Spray: Upheld

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

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

Decision rationale: The request for Methoderm spray is non-certified. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The frequency and duration was not addressed. As such, the request is non-certified.

Roxicodone #18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Percocet, page 75, 86, Ongoing Management, page 78 Page(s): 75,86; 78.

Decision rationale: The request for Roxicodone #18 is non-certified. The California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Per the guidelines the opiate should not exceed the 120 mg oral morphine equivalent and documentation of the 4 A's should be ongoing. Per the clinical note provided, 05/07/2014, the documentation did not address the side effects or aberrant drug behavior for long term drug use. The request did not address the frequency, dosage, or duration. As such, the request is non-certified.