

Case Number:	CM14-0105902		
Date Assigned:	07/30/2014	Date of Injury:	06/06/2012
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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:

The injured worker is a 73-year-old male who reported an injury on 08/06/2012. The mechanism of injury was not stated. Current diagnoses include myofascial pain syndrome and lumbar sprain. The injured worker was evaluated on 06/16/2014. It was noted that the injured worker was status post right sacroiliac (SI) joint injection with improvement. The physical examination revealed negative straight leg raising, tenderness to palpation, limited range of motion, and diminished lumbar range of motion. Treatment recommendations at that time included continuation of the current medication regimen, including Omeprazole 20mg, Flexeril 7.5mg, Neurontin 600mg, Voltaren XR 100mg, Menthoderm, and Fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm, 2 bottles x 3 refills,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

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

Decision rationale: The California MTUS 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. There is no documentation of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. As such, the request is not medically necessary or appropriate.

Neurontin 600mg x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Page(s): 51-52.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The California MTUS guidelines state Gabapentin (Neurontin) has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has also been considered as a first-line treatment for neuropathic pain. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement as a result of its use. Additionally, there was no frequency or quantity listed in the current request. As such, the request is not medically necessary or appropriate.

Voltaren XR 100mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines, NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The California MTUS guidelines state NSAIDs are recommended for osteoarthritis, at the lowest dose for the shortest period, in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after Acetaminophen. There is no indication that this injured worker is suffering from an acute exacerbation of chronic pain. NSAIDs are not recommended for long-term use. Also, there is no frequency or quantity listed in the current request. As such, the request is not medically necessary or appropriate.