

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0010439 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 12/01/2011 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 01/08/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Occupational Medicine 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 case involves a 56-year-old female, who has submitted a claim for left cervical strain with headaches, nasal fracture secondary to slip and fall, right shoulder impingement syndrome, status post left shoulder arthroscopy, with acromioplasty and debridement, chondromalacia patellae bilateral knee, plantar fasciitis bilateral heels, sleep disturbance and mild right carpal tunnel syndrome associated with an industrial injury date of 12/1/2011. The medical records from 2013 were reviewed, which revealed persistent neck pain accompanied by headache. There was continuous bilateral shoulder and low back pain, which radiated to her left leg, with numbness and tingling sensation in her left leg and foot. A physical examination of the cervical spine showed paravertebral tenderness and spasm. The range of motion was restricted secondary to pain. The left shoulder examination showed restricted range of motion in flexion and abduction. The impingement sign was positive. The right shoulder examination showed tenderness on anterior aspect and trapezius musculature extending to base of the head. The impingement test was also positive. The treatment to date has included physical therapy, arthroscopy and left shoulder with acromioplasty. The medications taken include, SOMA, Vicodin, Norco and Medrox pain relief ointment. The utilization review from 1/8/2014 modified the requests for Carisoprodol and SOMA. The request for Medrox ointment was denied. Regarding Carisoprodol, it was modified from #60 to # 30 to allow weaning. Regarding SOMA, it was modified from #90 to #45 to likewise allow weaning. Lastly, regarding Medrox ointment, it was denied, because the documentation does not describe well-demarcated neuropathic pain that will necessitate the use of this topical agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that Carisoprodol is a muscle relaxant and is not recommended as it is not indicated for long-term use as well as having an active metabolite, which is a schedule IV controlled substance. In this case patient was prescribed with SOMA, a class of muscle relaxant since at least August 2013. However, there was no significant improvement noted in the patient. In addition, Soma is not recommended for long-term use. There is no discussion concerning the need for variance from the guidelines. Therefore, the request is not medically necessary.

Medrox pain relief 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 Capsaicin, topical; Salicylate topicals; Topical analgesics Page(s): 28-29, 105, and 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Medrox Ointment contains three (3) active ingredients; Capsaicin, Menthol and Methyl Salicylate. Regarding the Capsaicin component, the guidelines indicate that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. Regarding the Menthol component, the guidelines do not cite specific provisions, but the Official Disability Guidelines indicate that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the guidelines indicate salicylate topical are significantly better than placebo in chronic pain. In this case, patient's medical records did not mention if she was intolerant with oral medications. In addition, there was no documentation of functional benefits with the use of Medrox ointment. Medical necessity has not been established. Therefore, the request is not medically necessary.

Hydrocodone (Norco) 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that four (4) domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's usage of Norco was dated August 2013. There is no documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. The guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary.