

Case Number:	CM14-0017908		
Date Assigned:	04/16/2014	Date of Injury:	04/05/2011
Decision Date:	06/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 37-year-old male who reported an injury on 04/05/2011. The mechanism of injury involved a fall. The current diagnoses include myalgia and myositis and closed fracture of the calcaneus. The injured worker was evaluated on 01/24/2014. The injured worker reported persistent knee and lower back pain. The injured worker has been previously treated with lumbar trigger point injections and cognitive behavioral therapy. The current medications include Gabapentin 600 mg, Norco 5/325 mg, Ultram 50 mg, Cymbalta 30 mg, and a transdermal cream. The injured worker reported 8/10 pain with activity limitation. Physical examination revealed 4/5 strength in the bilateral lower extremities, intact sensation, palpable trigger points in the bilateral gluteus muscles, and an antalgic gait. The treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-ACETAMINOPHEN (NORCO) 5/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 09/2013. Despite ongoing use, the injured worker continues to report 8/10 pain. There is no evidence of objective functional improvement. As such, the request is not medically necessary.

TRAMADOL (ULTRAM) 50MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 11/2013. Despite ongoing use, the injured worker continues to report 8/10 pain. There is no evidence of objective functional improvement. As such, the request is not medically necessary.

KGLACC CREAM: KETOPROFEN 15%, GABAPENTIN 10%, LIDOCAINE 7.5%, AMITRIPTYLINE 5%, CARBAMEZEPINE 2.5%, AND CLONIDINE 0.833%: 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: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no peer-reviewed literature to support the use of an anti-epilepsy drug as a topical product. Therefore, the request cannot be determined as medically appropriate.