

Case Number:	CM14-0019212		
Date Assigned:	04/21/2014	Date of Injury:	07/20/2005
Decision Date:	07/23/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 Texas. 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 56 year old male who reported an injury on 07/20/2005, due to a fall. The clinical note dated 01/29/2014, presented the injured worker with lower back pain radiating to the right lower extremity and cramping behind the thighs and calves. The physical exam revealed stiffness in the lumbar spine. The injured worker was diagnosed with sprain lumbar region, lumbosacral neuritis, and osteoarthritis on the knee. The provider recommended retro compound, retro Hydrocodone 10-325MG, and retro Cyclobenzaprine 7.5MG. The request for authorization form was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: COMPOUND, #6; 12/18/13: 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 TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of

antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. It was unclear as to what active ingredients were included in the compound medication, and there was a lack of evidence as to which body part the compound medication was to benefit. It was also unclear if the injured worker had a diagnosis which would be congruent with the guideline recommendations. Therefore, retrospective request for compound, #6; 12/18/13 is not medically necessary.

RETRO: COMPOUND, #6; 12/18/13: 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 Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. It was unclear as to what active ingredients were included in the compound medication and there was a lack of evidence as to which body part the compound medication was to benefit. It was also unclear if the injured worker had a diagnosis which would be congruent with the guideline recommendations. Therefore, the retrospective request for compound, #6; 12/18/13 is not medically necessary.

RETRO: COMPOUND, #3; 12/18/13: 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 Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. It was unclear as to what active ingredients were included in the compound medication and there was a lack of evidence as to which body part the compound medication was to benefit. It was also unclear if the injured worker had a diagnosis which would be congruent with the guideline recommendations. Therefore, the retrospective request for compound, #3; 12/18/13 is not medically necessary.

RETRO: COMPOUND, #3; 12/18/13: 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 TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. It was unclear as to what active ingredients were included in the compound medication and there was a lack of evidence as to which body part the compound medication was to benefit. It was also unclear if the injured worker had a diagnosis which would be congruent with the guideline recommendations. Therefore, the retrospective request for compound, #3; 12/18/13 is not medically necessary.

RETRO: HYDROCODONE/APAP 10-325MG, #60; 12/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 89-92.

Decision rationale: The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of this medication providing desired effects for the injured worker. There was a lack of an adequate and complete pain assessment within the documentation. Therefore, the retrospective request for Hydrocodone/APAP 10-325mg, #60; 12/18/13 is not medically necessary.

RETRO: CYCLOBENZAPRINE (FLEXERIL) 7.5MG, #90; 12/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE FLEXERIL Page(s): 41.

Decision rationale: The California MTUS guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first four days of treatment, suggesting that shorter courses may be better. It was not clear if this medication was new or ongoing. The request for #90 of Flexeril would exceed the guideline recommendations. The efficacy of the medication was unclear. Therefore, the retrospective request for cyclobenzaprine (flexeril) 7.5mg, #90; 12/18/13 is not medically necessary.