MAXIMUS Federal Services

Case Number:	CM14-0019794		
Date Assigned:	04/28/2014	Date of Injury:	12/01/2011
Decision Date:	07/08/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 female who reported an injury on 12/01/2011; the mechanism of injury was reported as a fall. Within the clinical note dated 01/31/2014, it was noted that the injured worker reported with left knee and bilateral shoulder pain. The physical exam revealed motor strength rated 5/5 with neurovascular status intact. It was further noted that the physical examination revealed that the range of motion was unimpeded, with no AC tenderness; however, the injured worker did show weakness in the rotator cuff. The injured worker's diagnosis was reported as shoulder pain. The current medication list was not provided within the submitted medical records. However, in the clinical note dated 01/22/2014, in the treatment plan, it was noted that the injured worker was to utilize Norco 5/325 three times a day as needed, Medrox pain relief ointment twice a day, and Carisoprodol 350 mg twice a day. The Request for Authorization was dated 12/18/2013 within the submitted medical records.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma).

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

Decision rationale: The request for Carisoprodol 350 mg #60 is not medically necessary. The California MTUS Guidelines do not recommend Carisoprodol and it is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Within the submitted medical records, the injured worker has a documented prolonged usage of this medication without quantifying the efficacy of the medication. Without further documentation of extenuating circumstances that would indicate usage of this medication outside of the guidelines' recommended usages, it cannot be supported at this time by the guidelines. As such, the request is non-medically necessary.

MEDROX PAIN RELIEF OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Medrox pain relief ointment is not medically necessary. The listed active ingredients of Medrox pain relief ointment is listed as methyl salicylate 20%, menthol 7% and capsaicin 0.05%. The California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Additionally, the guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Additionally, capsaicin is generally available as a 0.025% formulation and a 0.075% formulation, and there is no current indication that an increase over the 0.025 formulation would provide further efficacy. Given that the ointment contains an unapproved concentration of capsaicin and no documentation to show that the injured worker is unable to utilize oral medications, the request at this time cannot be supported by the guidelines. As such, the request is not medically necessary.

HYDROCODONE (NORCO) 5/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for hydrocodone (Norco) 5/325 mg #90 is not medically necessary. The California MTUS Guidelines recognize 4 domains that 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 potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had a urine drug screen to validate proper medication adherence in the submitted paperwork. In addition, the documentation has not assessed appropriate pain assessments to determine the

efficacy of the medication, nor has the documentation provided a functional assessment reporting the functional gains with and without the utilization of the medication. Without documentation that the worker has shown objective signs of functional improvement while utilizing the medication, utilization of urine drug screens to validate proper medication adherence and documentation of valid pain assessments to assess the efficacy of the medication, the request at this time cannot be supported by the guidelines. As such, the request is not medically necessary.