MAXIMUS Federal Services

Case Number:	CM14-0119595		
Date Assigned:	08/06/2014	Date of Injury:	08/09/2000
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/28/2014

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 and 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 65-year-old male who reported an injury on 08/09/2000. The mechanism of injury involved heavy lifting. The current diagnoses include diabetes with hypertension, status post lumbar spine surgery, and bilateral hip internal derangement. The injured worker was evaluated on 12/19/2013. The injured worker noted an improvement with topical medication. It is noted that the injured worker was pending an MRI of the lumbar spine. Previous conservative treatment includes aquatic therapy, physical therapy, and epidural injections. Physical examination revealed no acute distress, a mildly antalgic gait, a well healed incision in the lumbar spine, limited lumbar range of motion, diminished sensation at L5- S1 and positive straight leg raising. Treatment recommendations at that time included an MRI of the bilateral hips, a follow-up visit with an internal medicine specialist, prescriptions for Tizanidine 4 mg, Tramadol ER 150 mg, and Transdermal medication. There was no DWC Form RFA submitted for the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrapap 15mg/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Criteria for the use opioids; Thearapeutic Trial of Opioids.

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 nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to nonopioid analgesics. There is also no frequency listed in the request therefore this request is not medically necessary.

Naprozan 250mg/75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; NSAIDs; GI Symtoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDS are recommend 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 documentation of an acute exacerbation of chronic pain. California MTUS Guidelines do not recommend long-term use of NSAIDS there is no frequency listed in the request therefore, this request is not medically necessary.

Capsaicin/Menthol/Camphor/Tramadol/Pencream: Upheld

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

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. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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 strength, frequency, or quantity listed in the request therefore this request is not medically necessary.

Diclofenac 30% Pencream: Upheld

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

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. The only FDA approved topical NSAID is Diclofenac gel 1%. It is indicated for the relief of osteoarthritis pain and has not been evaluated for treatment of the spine. There was also no frequency or quantity listed in the request therefore, this request is not medically necessary.