

Case Number:	CM14-0123846		
Date Assigned:	08/08/2014	Date of Injury:	04/13/1992
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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 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:

The injured worker is a 61 year old male injured on 04/13/98 due to undisclosed mechanism of injury. Diagnoses included chronic neck pain and low back pain, cervical spine and lumbar spine sprain/strain, lumbar spine spondylosis and radiculopathy, status post right shoulder and elbow surgery, status post right knee surgery times three, bilateral knee internal derangement, chronic pain syndrome, opioid dependency, chronic depression, and erectile dysfunction. Clinical note dated 06/27/14 indicated the injured worker presented complaining of right knee and leg pain with increased numbness. The injured worker reported continued satisfactory pain control with current medication regimen. The injured worker also complained of symptomatic low back and right greater than left lower extremity pain described as electrical burning, numbness and tingling, weakness in the lower extremities. The injured worker reported pain referred into pelvis affecting testicles and buttocks. The injured worker rated pain 10/10 without medications and 6/10 with medications resulting in 40% improvement in pain levels and ability to participate in activities of daily living. Medications included oxycodone 30mg two tablets QID, valium 10mg TID, soma 350mg QID, Medrox compounded rub BID/TID PRN, and Viagra 100mg PRN. The initial request for one prescription of Medrox compound rub and soma 350mg #120 was non-certified on 07/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Medrox compound rub: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This compound is known to contain menthol, capsaicin, and methyl salicylate. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for one prescription of Medrox compound rub is not medically necessary.

One prescription of Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for one prescription of Soma 350mg #120 is not medically necessary.