

Case Number:	CM14-0125310		
Date Assigned:	08/11/2014	Date of Injury:	12/07/2001
Decision Date:	09/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic surgery 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 claimant is a 54-year-old man who was injured on December 7, 2001. Records indicate a current diagnosis of chronic pain in "multiple regions." A recent clinical assessment of June 18, 2014 described continued neck pain with radiating right upper extremity pain and numbness, low back pain with radiating bilateral lower extremity pain and numbness, weakness to the lower extremities as well as bilateral hip and knee pain. The claimant's physical examination showed positive Faber and sacroiliac compression testing bilaterally. There was no documentation of physical findings to the hips, knees, neck or low back otherwise noted. Prior treatment has included medication management, topical compounds, physical therapy and epidural injections to the cervical and lumbar spine. Recommendations at last clinical visit given the claimant's chronic pain complaints were for use of a percutaneous electrical stimulation device, multiple medications including Senna, Lyrica, Lidoderm, topical compounding agents, Percocet and Norco. There was also a request for a urine drug screen in this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

P-stim (Percutaneous Nerve Stimulation), PENS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Percutaneous Nerve Stimulation), PENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the use of a percutaneous electrical stimulator device. This form of modality is not recommended in the chronic setting. It can be utilized as an adjunct to evidence based functional restoration which is not evident in this individual's course of care therefore the use of this isolated electrical device is not medically necessary.

Norco 10/325mg, qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued use of Norco. CA MTUS states, The 4 A's for Ongoing Monitoring: Four domains 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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000). "This individual is with no indication of significant benefit with current narcotic regimen demonstrating no evidence of change in activities or advancement of activities. The use of this medication in addition to the use of Percocet is not medically necessary.

Percocet 10/325mg, qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: California MTUS Guidelines would also not support the continued use of Percocet. CA MTUS states, "The 4 A's for Ongoing Monitoring: Four domains 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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000). As stated above, the dual use of narcotic management is typically not recommended with this individual showing no evidence of significant benefit with current narcotic regimen. Without documentation of significant benefit or change in the claimant's clinical presentation, therefore this request is not medically necessary.

Soma 350mg, qty 90: 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 Page(s): 29.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines does not support the chronic use of Soma. Guidelines states this agent is indicated for short-term use only. The long-term use of this agent is contraindicated. Given high side effect profile and the claimant's timeframe from injury, therefore this medication is not medically necessary.

Senna Plus 50/8.6mg, qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued use of Senna at this subacute stage in the claimant's timeframe from injury of 2001. The chronic use of muscle relaxants would not be supported. CA MTUS guidelines indicate muscle relaxants are only utilized with caution as second line agents for short-term use in the acute exacerbation of chronic pain. Without indication of acute exacerbation of chronic pain, the long-standing use of this medication is not medically necessary.

Lyrica 200mg, qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: CA MTUS Guidelines would not support the continued use of Lyrica. Guidelines indicate Lyrica, a neuropathic agent, is typically recommended for neuropathic pain. Currently, clinical records do not give a diagnosis of neuropathic pain or indication of FDA approved diagnosis for use of this medication including diabetic neuropathy or postherpetic neuralgia. The continued use of this agent is not medically necessary.

Lidoderm 5% patch, qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: MTUS Guidelines would not support continued use of Lidoderm, topical Lidoderm is only indicated as a secondary agent in the setting of neuropathic pain after first line agents such as Gabapentin, or tricyclic antidepressants have failed. As cited above, this individual is with multiple chronic pain complaints, but no indication of neuropathic process on examination or imaging. The continued use of this topical agent is not medically necessary.

Topical Cream: Flurbiprofen 20%, 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines would not support the topical agent Flurbiprofen. Guidelines indicate topical compounds are largely experimental. At present, Guidelines typically only recommend the topical use of Diclofenac for anti-inflammatory purposes. This agent does not meet Guideline criteria for topical use. Its use in the compounding cream provided is not medically necessary.

Topical Cream: Ketoprofen 20%/Ketamine 10%, 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the topical use of Ketoprofen or Ketamine. Guidelines do not support the use of any topical agent; presently the topical use of Ketoprofen is not supported. Ketoprofen is a non-FDA approved agent in the topical setting. Guidelines would not support the use of this topical compound containing a non-FDA agent therefore, this request is not medically necessary.

Topical Cream: Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375%, 120gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the topical compound containing Capsaicin at strength of 0.0375% along with Gabapentin and Cyclobenzaprine. All agents at dosages prescribed are not recommended, Gabapentin and muscle relaxants, i.e., Cyclobenzaprine, have not shown support in the topical

setting and are not supported by Guideline criteria. Capsaicin is typically only recommended as a secondary agent at strength up to 0.025%. This topical compound as a whole would not be supported therefore, this request is not medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support a urine drug screen. CA MTUS states, "Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. "This individual is currently with no indication of continued need for short acting narcotic analgesics or analgesic use. While there has been no evidence of misuse or mal-use of medications, without documentation of continued use of narcotic analgesics, the use of a urine drug screen would not be supported therefore, this request is not medically necessary.

