MAXIMUS Federal Services

Case Number:	CM14-0139990		
Date Assigned:	09/08/2014	Date of Injury:	02/13/2009
Decision Date:	11/05/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation and 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 29-year-old female who reported an injury on 02/13/2009 due to tripping on a piece of cardboard and falling on her buttocks, injuring her lower back and tailbone. Diagnoses were lumbar sprain/strain with MRI findings of disc bulging at L5-S1 of 3 mm; bilateral lumbar facet arthropathy, L4-5, L5-S1; sacroiliac joint arthropathy, slightly more on the right; and rule out lumbar radiculopathy. Physical examination on 05/16/2014 revealed complaints of constant, sharp low back pain that was described as throbbing, burning, and stabbing in character. The pain was reported to radiate to the legs (bilaterally) with numbness and tingling as well. The pain was reported to be a 7/10 to 8/10. The injured worker stated that the pain was aggravated by standing, sitting, walking, and bending. The pain was reported to be relieved by medication and a heating pad. The injured worker also had complaints of constant, sharp bilateral hip pain. Pain level was reported to be an 8/10. Pain was reported to be relieved by medication. The injured worker reported that her normal sleeping pattern had been severely interrupted by the pain. Examination of the lumbar spine revealed range of motion was decreased. There was pain on the spinous processes at the L5 and S1 on the midline. There was pain on the facets of the L4-5, L5-S1 bilaterally 2+. Sacroiliac joint compression test elicited a 2+ pain bilaterally. There was muscle spasm from L2-5 of moderate intensity. The Gaenslen's test was positive bilaterally, slightly more on the right. Straight leg raise was negative. Patrick (Faber) was positive more on the right. Medications were Norco, Soma, and Ambien. Treatment plan was to take medications as directed. Also, Relafen and TGIce was to be added. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg, #60 DOS 06/27/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Ongoing Management Page(s): 78.

Decision rationale: The decision for retrospective Norco 10/325mg, #60 DOS 06/27/2014 is not medically necessary. California Medical Treatment Utilization Schedule 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 also recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the 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 guidelines also recommend the use of opioids for ongoing management of chronic pain. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Furthermore, the request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

Retrospective Soma 350mg, #60 DOS 06/27/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: The decision for retrospective Soma 350mg, #60 DOS 06/27/2014 is not medically necessary. The California Medical Treatment Utilization Schedule states that Soma (carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The efficacy of this medication was not reported. The request submitted does not indicate a frequency for the medication. There were

no significant functional benefits reported from the use of this medication. The medical guidelines indicate that Soma should not be used longer than 2 to 3 weeks. Clinical examination note dated 5/16/2014 reported the injured worker on Soma. There is a lack of documentation of an objective assessment of the injured workers' functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Therefore, this request is not medically necessary.

Retrospective TGIce compound cream DOS 06/27/2014: 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 Tramadol, Topical Salicylates, Topical Analgesics, Gabapentin Page(s): 82, 105, 111, 113.

Decision rationale: The decision for retrospective TGIce compound cream DOS 06/27/2014. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical salicylates are recommended. A thorough search of FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. The approved form of tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin is not recommended. There is no peer reviewed literature to support its use. The medical guidelines do not support the use of compounded topical analgesics. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.