

Case Number:	CM14-0152890		
Date Assigned:	09/23/2014	Date of Injury:	01/30/2007
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational 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:

Patient is a 43-year-old male who has submitted a claim for left hand pain associated with an industrial injury date of 01/30/2007. Medical records from 2014 were reviewed. Patient complained of pain with left hand with associated numbness and tingling. Pain was rated at 5 out of 10 with medications and 10 out of 10 without medications. Physical examination revealed positive left wrist Phalen's sign, and positive Tinel's. There was weakness to abductor pollicis brevis on the left. There were dysesthesias noted over the digits and hand. Treatment to date has included oral medications, such as Norco, Roxicodone and Soma, topical analgesic, such as Pennsaid since at least November 2013 (11 months to date). Utilization review date of 09/04/14 denied the request for Pennsaid because there was no clear documentation that the patient could not tolerate oral NSAIDs or had failed other appropriate first line NSAIDs. There was no documented efficacy or objective functional improvement from prior usage. The request for Roxicodone 15mg #90 was modified to Roxicodone 15 mg #90 for 1 month. The request was modified for one-month supply, as there is no clear support for continued use of two short-acting opioids for analgesia, (Norco 10/325 mg #180 was certified in the same review). A one-month supply is recommended to allow for either weaning off or initiating a long acting opioid. The request for Soma was denied because it is not recommended for chronic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% pump 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, Page(s): page 111-112. Decision based on Non-MTUS Citation (ODG) Pain Chapter, Pennsaid® (diclofenac sodium topical solution)

Decision rationale: Page 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). ODG recommends topical Diclofenac for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. In this case, the patient has been taking Pennsaid since at least 11/2013. With an industrial injury of 1/2007, the exact duration of his intake is uncertain. He still continues to complain of left hand pain 5/10 in severity. However, there was no objective measurement of his pain when off of his medications. There was also no documentation of functional improvement. The patient has no contraindications to oral NSAID use. In addition, there is no diagnosis of osteoarthritis to support the use of topical NSAIDs. Furthermore, the quantity and frequency of the requested medication are not specified. Therefore the request for Pennsaid is not medically necessary.

Roxicodone 15 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78-81.

Decision rationale: Pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that 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 potential aberrant (or non-adherent) drug-related 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. Guidelines also state that the lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to non-opioid means of pain control. In this case, patient has been prescribed Roxicodone since at least 11/2013. There is no documented patient improvement due to this medication in terms of pain reduction and function. Side effects of prior use of this drug were not adequately explored. The medical necessity for ongoing use of this opioid medication is not established. Therefore, the request for Roxicodone 15mg #90 is not medically necessary.

Soma 350 mg #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 Carisoprodol, Page(s): page(s) 29.

Decision rationale: As stated on page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Likewise, its efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence as Carisoprodol is metabolized to meprobamate, an anxiolytic that is a scheduled IV controlled substance. It is not recommended for use longer than a 2 to 3 week period. In this case, patient has been prescribed Soma since at least 11/2013, clearly exceeding the recommended 2-3 weeks of use. It is not recommended for long-term use due to the risk of dependence, especially when used with other substances such as opioids, because it augments and alters the effect of these drugs, further potentiating abuse and dependence. There has been no documentation of pain relief and improved functioning with the use of Carisoprodol. There is no clear indication for Soma at this time; therefore, the request for Soma 350mg #90 is not medically necessary.