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| Case Number: | CM14-0159333 | | |
| Date Assigned: | 10/02/2014 | Date of Injury: | 03/02/2010 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 48-year-old woman who sustained a work-related injury on March 2, 2010. Subsequently, she developed chronic back pain. According to a progress report dated March 28 2014 the patient was complaining of low back pain radiating to both lower extremities. The pain was rated 10 over 10. She was also complaining of numbness and tingling in both lower extremities. He also reported chronic hip and knee pain. The patient neurological examination demonstrated lumbar tenderness with reduced range of motion and bilateral knee tenderness. The provider requested authorization medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines Assessing Red Flags and Indication for Immediate Referral, page(s) 171

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: < Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) >. There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management Consultation is not medically necessary.

Soma 350mg #120: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient has no clear evidence of spasm or exacerbation of back pain. There is no justification for use of Soma. The request for SOMA is not medically necessary

Flurbiprofen 20% / Tramadol 20% 210gm: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these

agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the proposed topical analgesic is recommended as topical analgesics for chronic limb pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Flurbiprofen 20% / Tramadol 20% 210gm is not medically necessary and appropriate.

Gabapentin 10%/Amtriptyline 10%/ Dextromethorphan 10% 210gm: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Amitriptyline, Gabapentin and Dexamethorphan. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Gabapentin 10%/Amtriptyline 10%/ Dextromethorphan 10% 210gm is not medically necessary.