

Case Number:	CM14-0035869		
Date Assigned:	06/23/2014	Date of Injury:	03/17/2009
Decision Date:	07/25/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 Nuerology, has a subspecialty in Nuromuscular 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 50 year old woman who sustained a work-related injury on March 17, 2009. Subsequently, she developed chronic upper extremities pain. She tried acupuncture on 2011 with brief relief. She continued the use the Vicodin, Naproxen, elbow pads and thermacare. She also was treated with the treatment of at least 3 injections to the right lateral epicondyles. The patient reported some relief with Vicodin and better relief with elbow pads and muscle relaxants. According to report dated December 14, 2013, the patient was complaining of neck pain radiating to both shoulders. The heat pads, Vicodin and Solaraze provided fair relief. According to report dated on February 10, 2014, the patient was reported to have continued left elbow pain. The patient was reported to be depressive. The physical examination showed positive Spurling's test on examination of the cervical spine and moderate pain on the right lateral epicondyles. The patient was diagnosed with TFC tear and cervical strain. The provider requested authorization to continue Vicodin, Solaraze and imipramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5mg/300mg bid, with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opioids Use, page 76.

Decision rationale: According to California MTUS guidelines, ongoing use of opioids should follow specific rules: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, The lowest possible dose should be prescribed to improve pain and function, and office ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. 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 non adherent) 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. Viocadin have been continuously used since 2013. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of Vicodin. Therefore, the request for Vicodin 5mg/300mg bid, with 4 refills is not medically necessary until more information about the patient is available. d 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>Viocadin have been continuously used since 2013. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of Vicodin. Therefore, the request for Vicodin 5mg/300mg bid, with 4 refills is not medically necessary until more information about the patient is available.

Imipramine 25mg, po QHS, #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Antidepressants for chronic pain Page(s): 13.

Decision rationale: Imipramine is a tricyclic antidepressant recommended as a first line therapy for neuropathic pain especially when associated with mood disorders. The patient was reported to have a neuropathic pain with depression. Imipramine was started on December 2013. However the long term use cannot be approved without periodic evaluation of its efficacy and safety. Therefore, the prescription of Imipramine 25mg, po QHS, #30 with 4 refills is not medically necessary.

Solaraze 3% topical BID, with 6 refills: Upheld

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

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

Decision rationale: Solaraze is a NSAID topical analgesic. According to the California MTUS Guidelines, 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. There is limited research to support the use of many of these agents. Furthermore, according to the California MTUS Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAID drugs have been shown to be more effective than placebo in only the first 2 weeks of osteoarthritis treatment. The patient injury and the use of Solaraze was respectively beyond 2 weeks post injury and use. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. There is no documentation of efficacy of previously used Solaraze. Therefore, the request of Solaraze 3% topical BID, with 6 refills is not medically necessary.