

Case Number:	CM14-0045559		
Date Assigned:	06/27/2014	Date of Injury:	06/16/2011
Decision Date:	07/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 Hawaii. 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:

This case is a 46-year-old female employee with a date of injury of 6/16/2011. A review of the medical documents indicate that the patient is undergoing treatment for neck pain, s/p C4-C7 anterior fusion, and chronic lumbosacral strain. Subjective complaints (3/10/2014) include cervical spine, lumbar spine, right shoulder, and bilateral hip pain. Objective findings (3/10/2014) include mild pain with neck rotation, mild posterior paraspinal muscle spasms, 5/5 upper extremity strength, and slight decrease in sensation of thumb, index finger, and middle finger bilaterally. Treatment has included anterior cervical fusion (10/1/2013). Medical documents indicate that Gabapentin #120 and Elavil #120 were prescribed on 11/13/2013. No additional documents regarding efficacy of Gabapentin and Elavil were found in the available records. Soma also appears to have been prescribed since at least 10/9/2013 and Norco since 10/18/2013. A utilization review dated 3/27/2014 noncertified a request for Ker-Tek gel (due to lack of guidelines support for topical menthol), partially certified a request for Norco 10/325 #68 (original request for #90) (due to lack of documented functional improvement), and partially certified a request for Soma 350mg #4 (original request for #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR KERA-TEK GEL, 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES SALICYLATE, TOPICAL ANALGESIC Page(s): 105, 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SALICYLATE TOPICALS, TOPICAL ANALGESICS.

Decision rationale: Kera-Tek Gel is the brand name version of a topical analgesic medication containing menthol and methyl salicylate. The Chronic Pain Medical Treatment guideline state that for topical analgesics there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. While medical records indicate that the patient was prescribed gabapentin and Elavil, the treating physician does not provide evidence that the patient has failed trials of antidepressants and anticonvulsants. It is unclear if the patient started the medication, how long the trial was, and the detailed results of the trial. As such, the request for one prescription for Kera-Tek Gel is not medically necessary.

1 PRESCRIPTION FOR NORCO 10/325MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK (ACUTE AND CHRONIC), LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC), OPIOIDS, PAIN.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. The Chronic Pain Medical Treatment Guidelines do not discourage use of opioids past 2 weeks, but does state that 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. The treating physician does not fully document the pain over the period since last assessment, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since 10/2013, in excess of the recommended 2-week limit. Therefore, the request for Norco 325/10 mg #90 is not medically necessary.

1 PRESCRIPTION FOR SOMA 350MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CARISOPRODOL (SOMA) AND MUSCLE RELAXANTS (FOR PAIN) Page(s): 29, 63-66.

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. The Chronic Pain Medical Treatment guidelines state that Soma is not recommended. This medication is not indicated for long-term use. The guidelines continue by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to the guidelines. The request for Soma 350mg, #60 is in excess of the guidelines. Therefore, the request for one prescription for Soma 350mg, #60 is not medically necessary.