

Case Number:	CM14-0046228		
Date Assigned:	07/02/2014	Date of Injury:	04/22/2009
Decision Date:	08/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 66-year-old male who reported an injury on 04/22/2009. The mechanism of injury was not specifically stated. Current diagnoses include postlaminectomy pain syndrome, facetogenic pain, and axial lower back pain. The injured worker was evaluated on 02/20/2014 with complaints of lower back and bilateral shoulder pain. Current medications include Percocet 10/325 mg, Tizanidine 4 mg, and Gabapentin 600 mg. Physical examination revealed a well healed scar in the lumbar region, paravertebral muscle spasm, tenderness, and negative straight leg raising. Treatment recommendations at that time included continuation of the current medication regimen and prescriptions for topical compounded creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The MTUS guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has continuously utilized Percocet 10/325 mg for an unknown duration. Despite ongoing use of this medication, the injured worker continues to report persistent lower back and bilateral shoulder pain with activity limitation and sleep disturbance. There is no documentation of objective functional improvement. There is also no evidence of a written pain consent or agreement for chronic use. Therefore, the request is not medically necessary.

Gabapentin 600 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The MTUS guidelines state Gabapentin has been shown to be effective for the treatment of painful diabetic neuropathy, postherpetic neuralgia, and has been FDA approved for treatment of neuropathic pain. As per the documentation submitted, the injured worker has continuously utilized Gabapentin 600 mg for an unknown duration. Despite ongoing use of this medication, the injured worker continues to report persistent lower back pain with activity limitation and sleep disturbance. There is no documentation of objective functional improvement. Therefore, this request is not medically necessary.

FluriFlex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no strength, frequency, or quantity listed in the current request. Therefore, this request is not medically necessary.

TGIce: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no strength, frequency, or quantity listed in the current request. Therefore, this request is not medically necessary.