

Case Number:	CM14-0061575		
Date Assigned:	07/09/2014	Date of Injury:	12/30/2010
Decision Date:	09/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/02/2014

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:

This is a 56 year-old male patient with a date of injury of 12/20/2010. The mechanism of injury was work-related as a result of repetitive activities. On a progress report dated 2/14/2014 the patient complained of continued pain of the neck and back. He stated that he has pain with repetitive movements and with prolonged positions. He experiences numbness and tingling in both hands, and has radiating pain extending to both upper and lower extremities. The patient states that he must move carefully when operating heavy machinery at work. On a 1/16/2014 progress report he also complains of bilateral knee pain and reports having limited ambulation. He states that he obtains relief with the use of oral and topical medications. The diagnostic impression is cervical spine spondylosis, lumbosacral spine spondylosis, and bilateral carpal tunnel syndrome. Treatment to date: Lumbar epidural steroid injections, heat and cold treatments as needed, and medication management. A UR decision dated 4/03/2014 denied the request for Voltaren XR 100mg #60. The rationale was that the patient did not meet MTUS guidelines for NSAID use. The request for Norco 7.5/325mg #60 was denied because CA MTUS guidelines for ongoing opioid use were not met. The rationale for denial of Docusate sodium 100mg #60 was that if the patient were to discontinue opioid use the docusate would not be required. The rationale for denial of topical Flurb/Ment/Camp/Caps 30gm #1 was that CA MTUS guidelines were not met. Guidelines state that topical analgesics are recommended in certain circumstances and these conditions were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 9792.24.2 NSAIDS Page(s): 67. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. ODG states, that NSAIDS are recommended for acute pain, or short-term improvement of function in chronic lower back pain. However, this patient has been on this medication long term. Documented use at least from 10/11/2013. Therefore, the request for Voltaren XR 100mg #60 is not medically necessary.

Norco 7.5/325mg #60: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed, or prescribed at the lowest possible dose, and unless there is ongoing review and documentation of; pain relief, functional status, appropriate medication use, and side effects. Failure to respond to a time-limited course of opioids suggests reassessment and consideration of alternative therapy. The patient complains of continued pain, although there is noted pain relief from past use, there is no current documentation of; pain scores, urine drug screens, attempts at tapering, which was recommended in the documentation, and an updated and signed pain contract as required by CA MTUS guidelines. Therefore, the request for Norco 7.5/325mg #60 is not medically necessary.

Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FOOD AND DRUG ADMINISTRATION (FDA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 9792.24.2 Page(s): 77.

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon or rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. CA MTUS guidelines recommends treatment for opioid-induced constipation when prescribing opioids has been determined to be appropriate. However, in this case continued opioid treatment has not been deemed appropriate on this review due to CA MTUS guideline non-compliance. Therefore, the request for Colace 100mg #60 is not medically necessary.

Flurb/Ment/Camp/Caps 30gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine in the form of; creams, lotion or gels, capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compounded cream is a mixture of flurbiprofen 25%, a NSAID, menthol, a rubefacient agent used for pain and pruritus, camphor, a mild topical analgesic, and capsaicin, another topical pain reliever. CA MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain after first-line oral antidepressants and anticonvulsants trials have failed. However, there is no documentation of any of these agents being tried. Therefore, the request for Flurb/Ment/Camp/Caps 30gm is not medically necessary.