

Case Number:	CM14-0063317		
Date Assigned:	07/11/2014	Date of Injury:	02/21/2006
Decision Date:	09/12/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 Texas. 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 58 year old male who reported an injury to his neck on 02/21/06. A clinical note dated 01/17/14 indicated the injured worker being treated with trigger point injections on 09/30/13. The injured worker continued to report ongoing pain relief following these injections. The injured worker was prescribed Percocet which provided 50% pain relief. The injured worker was working full time without restrictions as a result of Percocet providing significant pain relief. The injured worker previously underwent epidural steroid injection and physical therapy, surgical intervention cervical spine and facet injections and continued anti-inflammatory medications and muscle relaxants. A clinical note dated 02/28/14 indicated the injured worker continuing with Percocet four times each day. The injured worker continued with 50% reduction in pain with this medication. A clinical note dated 04/25/14 indicated the injured worker continuing with 50% reduction in pain with Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidocaine 5% Ointment, refill 3, DOS 3/28/14: 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: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, the California MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. There is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Retrospective request for Soma 350mg Tablets, #60, 3 refills, DOS 3/28/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. Given this, the request is not medically necessary.

Retrospective request for Percocet 10/325mg tablet, #120, 3 refills, DOS 3/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain (Updated 2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Injured workers must demonstrate a functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is an indication the injured worker is responding to this medication with a reduction of pain by 50%. There is also an indication the injured worker has returned to work with some restrictions. However, as the patient has continued with a pain reduction, it would then be reasonable for the injured worker to slowly wean of the opioids with the intent to insure a continued pain relief with a reduction in medication administration in order to avoid the risk of addiction. A previous utilization review has recommended a weaning off of this medication. Therefore, the continued use of this medication is not medically necessary.