

Case Number:	CM14-0078484		
Date Assigned:	07/18/2014	Date of Injury:	03/17/2009
Decision Date:	09/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 52-year-old female who reported an injury on 03/17/2009. The mechanism of injury was not provided. On 06/25/2014, the injured worker presented with right neck and right elbow to hand pain. Upon examination of the cervical spine, there was guarded motion due to pain and pain with terminal extension. There was tenderness to palpation over the bilateral upper trapezius. There was tenderness to palpation over the lateral medial epicondyle and positive Tinel's sign in the right elbow. Examination of the cervical spine revealed cervical strain, myofascial pain, and cervical spondylosis. Current medications included Vicodin, Solaraze, and imipramine. The diagnoses were cervical strain, myofascial pain, and cervical spondylosis. The provider recommended Vicodin, imipramine, and Solaraze gel. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (vicodin, lortab). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, substance abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Vicodin 5/300 mg with a quantity of 60 with 4 refills is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug behavior and side effects. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.

Imipramine 25mg #30 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain (Feuerstein, 1997) (Perrot, 2006).

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

Decision rationale: The request for Imipramine 25 mg with a quantity of 30 and 4 refills is non-certified. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessments of treatment efficacy should not only include pain outcomes but also an evaluation of function, changes in use of analgesic medication, and sleep quality and duration. Side effects including excessive sedation, especially that which would affect work performance should be assessed. The optimal duration of treatment is not known because most of the blind trials have been of short duration, between 6 and 12 weeks. There is lack of evidence of an objective assessment of the injured worker's pain level. The frequency was not provided in the request as submitted. As such, the request is non-certified.

Solaraze gel 3% topical 1 tube 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The request for Solaraze gel 3% topical 1 tube and 6 refills is non-certified. The California MTUS state many agents are compounded as monotherapy combination for pain control including NSAIDs, opioids, Capsaicin, local anesthetic, antidepressants, glutamate receptor antagonists, the adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, prostaglandins, bradykinin, and nerve growth factor. There is little to no research to support the use of any of these agents. Additionally, the provider's request did not indicate the

site that the gel is intended for, the frequency, or the quantity in the request as submitted. As such, the request is non-certified.