

Case Number:	CM14-0082917		
Date Assigned:	07/21/2014	Date of Injury:	10/11/1996
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/04/2014

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 and 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 52-year-old female with a reported date of injury on 10/11/1996. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include shoulder pain, myofascial muscle pain, carpal tunnel syndrome bilaterally, bilateral lateral epicondylitis, opioid dependence, and insomnia due to medical condition. Her previous treatments were noted to include cold compress, position change, heat application, medication, activity modification, and medications. The progress note dated 05/29/2014 revealed the injured worker complained of neck pain that radiated down both arms. The injured worker complained of epicondylitis and bilateral carpal tunnel syndrome. The physical examination of the cervical spine revealed tenderness to the lower cervical paraspinal region. The left upper extremity noted to have tenderness at the subacromial space and bicipital groove. The physical examination to the right upper extremity had tenderness noted at the subacromial space and bicipital groove. Her medication regimen was noted to include Pennsaid 1.5% topical drops 20 drops topically 4 times a day, Percocet 5/325 mg 1 twice a day, Soma 350 mg one 3 times a day as needed. The request for authorization form was not submitted within the medical records. The request was for Pennsaid 1.5%, #150, Percocet 5mg, #30 (unspecified quantity), and Soma 350mg (unspecified quantity); however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5%, #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: The request for Pennsaid 1.5% #150 is non-certified. Since at least 05/2014, the California Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guideline indications for topical NSAIDs are osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis in the spine, hip or shoulder. It is not recommended for neuropathic pain as there is no evidence to support the use. The guidelines recommend Voltaren gel 1% (diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment. The request for Pennsaid 1.5% exceeds guideline recommendations of the 1% formulation. There is a lack of documentation regarding the efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Percocet 5mg, #30 (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Percocet 5 mg #30 (unspecified quantity) is non-certified. The injured worker has been utilizing this medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that "4 A's" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on numerical scale with the use of medications. There is a lack of documentation regarding the improved functional status with activities of daily living with the use of medications. No adverse effects with the use

of medications were noted. There was a lack of documentation regarding whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to lack of evidence of significant pain relief, increased function status, adverse effects, and without details regarding urine drug testing verifying appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is non-certified.

Soma 350mg, (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Soma 350 mg (unspecified quantity) is non-certified. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding muscle spasms and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.