

Case Number:	CM14-0083533		
Date Assigned:	07/21/2014	Date of Injury:	01/10/2005
Decision Date:	09/15/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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:

Patient is a 51 year-old female with date of injury 01/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/09/2013, lists subjective complaints as constant neck and back pain. She also complains of left knee pain and tingling. Objective findings: Examination of the cervical spine revealed flexion at 20 degrees and extension at 20 degrees. There was palpable tenderness and spasm over the paravertebral muscles. Examination of the left knee revealed range of motion was 0 to 120 degrees. There was effusion and palpable tenderness noted. Neurological examination of the upper extremities revealed negative findings. Diagnosis: 1. Osteoarthritis 2. Tennis elbow 3. Internal derangement of the knee. The medical records supplied for review document indicate the patient was given new prescriptions for the following medications on 08/09/2013. Medications: 1. Fioricet 50-325-40mg #120 Hydro/APAP 2.5/325mg #480. Colace 100mg #603. Voltaren XR 100mg #1204. Flurbiprofen 25% topical cream 5. Cyclobenzaprine 10%/Tramadol 10% NO SIG given for the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50-325-40mg #120, Hydro/APAP 2.5/325mg #480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 74-94 Page(s): 74-94.

Decision rationale: The previous utilization review modified the request to provide sufficient medication to wean the patient from a Fioricet. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The patient is reporting minimal, intermittent pain. There is no documentation supporting the continued long-term use of opioids. Therefore the request is not medically necessary.

Colace 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 77 Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient should be weaned off of Fioricet and no longer in need of laxatives. The Request for Colace 100mg #60 is not medically necessary.

Voltaren XR 100mg #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: The Official Disability Guidelines do not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. The request is therefore not medically necessary.

30 gm Flurbiprofen 25% topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 111 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen 25% topical cream is not recommended by the MTUS. The request is not medically necessary.

Cyclobenzaprine 10%/Tramadol 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 111-113 Page(s): 111-113.

Decision rationale: The requested compounded medication contains cyclobenzaprine. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. The request is not medically necessary.

Hydro/APAP 2.5/325mg #480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The previous utilization review modified the request to provide sufficient medication to wean the patient from Norco. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The patient is reporting minimal, intermittent pain. There is no documentation supporting the continued long-term use of opioids. Therefore the request is not medically necessary.