

Case Number:	CM14-0088968		
Date Assigned:	07/23/2014	Date of Injury:	04/04/2011
Decision Date:	09/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 Family Medicine and is licensed to practice in Arizona. 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 50 year old female with a date of injury on 4/4/2011. Diagnoses include cervical sprain/strain, cervical discogenic disease, cervical facet arthropathy, and cervical radiculopathy. Subjective complaints are of neck and shoulder pain and occasional right arm pain with tingling and numbness. Physical exam shows tenderness in the cervical paravertebral and trapezius muscles, with painful decreased range of motion. There was weakness noted in the right arm in the C5-6 distribution. Prior treatments include epidural injection, chiropractic, medications, and acupuncture. Request is for retrospective certification for medications prescribed in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tylenol 3 (Codeine APAP) 30-300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily

living, adverse side effects, or aberrant drug taking behavior. For this patient, despite long term use there was no evidence of decreased pain and functional improvement, but rather worsening of symptoms. For this patient, there is no demonstrated improvement in pain or function from long-term use. Therefore, the requested Tylenol with codeine is not medically necessary.

60 ibuprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended as an option for short-term symptomatic relief for pain. For this patient, moderate pain is present in the neck and shoulder. There is no evidence of decrease in pain or objective functional improvement with this medication. Furthermore, documentation indicates that the patient developed gastritis. Therefore, the medical necessity of continuation of ibuprofen is not established.

60 Soma (Carisoprodol) 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISPRODOL Page(s): 29.

Decision rationale: CA MTUS does not recommend carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. This patient has used carisoprodol chronically, which is not consistent with current guidelines. For these reasons, the use of carisoprodol is not medically necessary.

1 prescription compound meds (Diclofenac 10%, Fluriprofen 25%, Ultraderm): 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): 111-113.

Decision rationale: CA MTUS states that topical NSAIDs are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, knee, foot,

hand, and wrist). It has not been evaluated for treatment of the spine, hip and shoulder. For this patient documentation indicates patient is using this medication for the cervical spine and shoulders. Therefore, medical necessity of this compounded topical medication is not established.

1 prescription compound meds (Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20%, Ultraderm: 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): 111-113.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Guidelines do not recommend topical amitriptyline and tramadol as no peer-reviewed literature supports their use. Therefore, the medical necessity of this compounded medication is not established.