

Case Number:	CM14-0091047		
Date Assigned:	07/25/2014	Date of Injury:	08/24/2012
Decision Date:	09/18/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 30-year-old male who reported an injury on 08/24/2012; the mechanism of injury was not provided. On 05/20/2014 the injured worker presented with constant sharp aching pain in the neck and low back. He also complained of frequent aching pain in the left shoulder. Upon examination of the cervical spine there was tenderness to palpation over the paraspinal musculature at the levels of C3 to C7. There was decreased range of motion upon lateral bending and a negative cervical compression test. Examination of the left shoulder revealed tenderness to palpation over the posterior aspect with decreased range of motion and a positive Neer's. Examination of the lumbar spine revealed tenderness to palpation associated with muscular spasm over the paraspinal musculature at the levels L3-5, decreased range of motion and a positive Kemp's test bilaterally and a positive left sided straight leg raise. The diagnoses were lumbar spine herniated nucleus pulposus, left shoulder impingement syndrome, status post head contusion, cervical spine sprain/strain. Current medications included hydrocodone, naproxen, omeprazole, mirtazapine and a topical agent. The provider recommended hydrocodone and a topical neuropathic agent, 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:

Topical Neuropathic Agent: 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 request for a topical neuropathic agent is not medically necessary. The California MTUS state many agents are compounded as monotherapy or in combination for pain control, including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor agonists, and bradykinin. There is little to no research to support the use of many of these agents. The provider's request does not indicate the specific topical neuropathic agent that is being recommended for the injured worker. Additionally, the dose, frequency and quantity and the site that the topical neuropathic agent is intended for was not provided for in the request as submitted. As such, the request is not medically necessary.

Hydrocodone/APAP 2.5/325mg #120: Upheld

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

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

Decision rationale: The request for hydrocodone APAP 2.5/325 mg with a quantity of 120 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and the documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment or if the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The efficacy of the prior use of hydrocodone has not been provided. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.