

Case Number:	CM14-0092290		
Date Assigned:	07/25/2014	Date of Injury:	04/04/2011
Decision Date:	09/29/2014	UR Denial Date:	05/19/2014
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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of April 4, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; opioid therapy; muscle relaxants; unspecified amounts of extracorporeal shockwave therapy; and manipulative therapy. In a Utilization Review Report dated May 19, 2014, the claims administrator retrospectively denied Norco, retrospectively denied Motrin, retrospectively denied carisoprodol, and retrospectively denied several topical compounded drugs. The applicant's attorney subsequently appealed. On July 9, 2013, the applicant reported 9/10 neck and shoulder pain, reportedly severe, with associated spasm. The applicant is having difficulty performing even basic activities of daily living such as gripping, grasping, writing, typing, standing, climbing stairs, etc. The applicant was asked to remain off of work, on total temporary disability. The applicant was asked to follow up with her pain management physician, internist, psychiatrist, and orthopedist. On August 1, 2013, the applicant was asked to continue Norco, Motrin, and Ambien. The applicant's work status was not furnished. Multifocal neck pain, shoulder pain, headaches, and insomnia were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco (Hydrocodone APAP) 5/325 #60 x 2 given between 3/19/2013 and 4/12/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was off of work, on total temporary disability, on and around the date in question. The applicant continues to report pain at the 9/10 level, despite ongoing opioid usage. The applicant is having difficulty performing even basic activities of daily living such as gripping, grasping, typing, writing, climbing stairs, etc., despite ongoing opioid usage. All of the above, taken together, do not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Retrospective Ibuprofen 800mg #90 x 2 given between 3/19/2013 and 4/12/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. MTUS 9792.20f Page(s): 22; 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as ibuprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there was no compelling demonstration of medication efficacy on and around the date in question. The applicant remained off of work, on total temporary disability. The applicant continued to report pain at the 9/10 level, and also reported difficulty performing activities of daily living as basic as sitting, standing, walking, climbing stairs, writing, typing, etc. All of the above, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing ibuprofen usage. Therefore, the request was not medically necessary.

Retrospective Soma (Carisoprodol) #60 x 2 given between 3/19/2013 and 4/12/2013: Upheld

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

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

Decision rationale: As noted on page 29 of The MTUS Chronic Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant was, in fact, concurrently using Norco, an opioid agent. The 60-tablet, two-refill supply at issue does imply chronic, long-term, and scheduled usage of Soma, which is not endorsed by page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Retrospective Amitriptyline/Dextromethorphan/Tramadol/Ultraderm cream x 2 given between 3/7/2013 and 3/7/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin J Pain. 2008 Jan;24(1):51-5.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the amitriptyline-containing compound at issue. Therefore, the request was not medically necessary.

Retrospective Capsaicin/Menthol/Camphor/Flurbiprofen/Ultraderm x 2 given between 3/7/2013 and 3/7/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin topic Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to and/or are intolerant of other treatments. In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of the capsaicin-containing topical compound at issue. Therefore, the request was not medically necessary.