

Case Number:	CM14-0092878		
Date Assigned:	09/12/2014	Date of Injury:	04/15/2002
Decision Date:	10/24/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/19/2014

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 Internal 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 injured worker is a 53-year-old female who reported injury on 04/15/2002. The mechanism of injury was a lifting injury. The injured worker underwent an anterior posterior spinal fusion with discectomy and rhizotomy. The injured worker underwent an MRI of the lumbar spine and electrodiagnostic studies as well as x-rays. The surgical history was not provided. The injured worker's medications included OxyContin and Percocet as of late 2013. The injured worker's diagnoses included lumbar radiculopathy, chronic pain syndrome, failed back syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, chronic pain related depression, and prescription narcotic dependence. The injured worker's medication history additionally included GABAdone, Trepadone, and Theramine. The injured worker was undergoing urine drug screens to monitor for aberrant drug behavior. The documentation of 05/08/2014 revealed the injured worker had complaints in the bilateral shoulders, low back, and bilateral legs. The injured worker was in need of a refill of medications. The injured worker's pain without medications was 10/10, and with medications it was 6/10. The injured worker was noted to have a urine drug screen that was appropriate for the medications. The treatment plan included a urine drug screen, a reappeal of the denial of NESP-R consultation, appeal of a modification of Percocet, and refill of OxyContin 20 mg 1 by mouth q. 6 hours as needed for severe pain, as well as Percocet 10/325 mg 1 tablet every 12 hours number 60, and refill of Fluriflex ointment to apply to the affected side 3 times a day. The subsequent documentation of 07/10/2014 revealed the injured worker was managing fairly well with her medications. The injured worker was utilizing OxyContin 20 mg 4 times a day and was using Percocet as sparingly as possible for breakthrough pain. With medications, the injured worker was noted to be able to help cook dinner, help with laundry, and care for herself independently. Without it, the injured worker was curled up in a ball. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OXYCONTIN 20 MG, # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The duration of use was since at least late 2013. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and that she had an objective functional improvement. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of OxyContin 20 mg #90 is not medically necessary.

1 PRESCRIPTION OF PERCOCET 10/325 MG, # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The duration of use was since at least late 2013. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and that she had an objective functional improvement. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Percocet 10/325 mg #60 is not medically necessary.

1 PRESCRIPTION OF FLUORIFLEX OINTMENT 240 GM, # 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, page 72, Topical analgesics page 111, Cyclobenzaprine page 41 Page(s): 72, 111, 41.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety...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...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. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and body part to be treated with Fluriflex. The duration of use could not be established through supplied documentation. Given the above, the request for 1 prescription of Fluriflex ointment 240 grams is not medically necessary.