

<b>Case Number:</b>	CM14-0099630		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/16/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 patient is a 39-year-old male who reported an injury on 10/16/2009 due to an unspecified mechanism of injury. On 04/11/2014 he reported that he used medication for pain and that pain was at the end of the day once movement had stopped. Objective findings included a positive umbilical hernia, muscle with strain and spasms were also noted. His diagnoses included ventral hernia. The documentation regarding diagnostic studies and surgical history was not provided for review. His medications included Norco and Elavil. The past treatment included medications. The treatment plan was for a DSS 250mg #30 and Norco 10/325mg #120, Elavil 25mg #30, and FCL compound cream (dosage and quantity unspecified) quantity: 1.00. The Request for Authorization Form was signed on 04/11/2014. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DSS 250mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioid-induced constipation treatmentDrugs.com, DSS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77..

**Decision rationale:** Per the Clinical Note dated 04/11/2014, the injured worker had reported that pain was noted at the end of the day once movement had stopped. He had a positive umbilical hernia with muscles with strain and spasm. The California MTUS Guidelines state that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Based on the clinical information submitted for review, the use of DSS was not medically necessary. The injured worker was not noted within the documentation to have complaints of constipation. In addition, the requesting physician failed to include the frequency of the medication within the request. The request is not supported by the guideline recommendations as there is nothing to indicate its necessity and the frequency of the medication was not provided. Given the above, the request is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81, 91 and 92 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78..

**Decision rationale:** The injured worker was noted within the clinical documentation to be using medications for pain and that he noted pain at the end of the day once movement had stopped. It was also noted that he had been taking Norco since at least 10/30/2012. The California MTUS/ACOEM Guidelines state that an ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects should be performed during opioid therapy. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There was a lack of documentation regarding a proper pain assessment, screening for aberrant drug taking behaviors, screening for side effects, and objective functional improvement with the use of this medication. Based on the clinical information submitted for review, the patient did not have a satisfactory response to treatment with this medication. Without evidence of efficacy of this medication, continued use would not be supported. The request is not supported by the guideline recommendations as there was a lack of documentation regarding a proper medication assessment to prove efficacy with the treatment with this medication. Given the above, the request is not medically necessary.

**Elavil 25mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline and Antidepressants for chronic pain Page(s): 13-15 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

**Decision rationale:** The injured worker had stated that pain was noted at the end of the day once movement had stopped. He was noted to be taking Norco as well as Elavil to address his pain symptoms. The California MTUS guidelines state that Amitriptyline is recommended and is generally considered a first-line agent unless they are ineffective, poorly tolerated, or

contraindicated. There was a lack of documentation regarding a satisfactory response to this medication. In addition, the requesting physician did not include the frequency of the medication within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

**FCL Compound Cream (dosage and quantity unspecified) Quantity: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114..

**Decision rationale:** The injured worker was noted to be taking oral pain medications including Norco and Elavil to address his pain symptoms. The California MTUS guidelines state that topical analgesics are largely experimental in use with few trials to determine efficacy. Many agents are compounded as monotherapy in combination for pain control, any compounded product that contains at least one drug, or drug class, that is not recommended, is not recommended. Based on the clinical information submitted for review, there was no evidence that would indicate the need for a topical compound cream. In addition, the rationale for a topical compound cream when the injured worker was already using pain medications is unclear. Furthermore, the requesting physician failed to include the frequency/intended location of the medication within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. Given the above, the request is not medically necessary.