

Case Number:	CM14-0184147		
Date Assigned:	12/15/2014	Date of Injury:	12/01/2010
Decision Date:	01/15/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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, has a subspecialty in Interventional Spine 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 patient is a 60 year old male with an injury date of 12/01/10. Based on the 09/24/14 progress report provided by treating physician, the patient complains of neck pain that radiates to his right shoulder, and upper extremities; low back pain and migraines. No physical examination findings were available. Progress reports were handwritten and illegible. The patient's medications include Trazodone, Lorazepam and Colace. Per toxicology report dated 06/02/14, patient tested positive for Oxycodone and Morphine, which were included in patient's prescriptions per the physician's report dated 07/20/14. The patient is not working. Diagnosis 09/24/14- lumbosacral neuritis, not otherwise specified- brachial neuritis, not otherwise specified- enthesopathy of the hip. The utilization review determination being challenged is dated 10/07/14. The rationale is for Docusate is "... as adequate time has passed to allow for weaning to be completed, the continued use of Docusate prophylactically is not necessary." Treatment reports were provided from 05/02/14 - 09/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Ketamine 15% cream with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The request is for Flurbiprofen 2%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Ketamine 15% Cream with Three Refills. The patient's diagnosis on 09/24/14 included lumbosacral neuritis, brachial neuritis, and enthesopathy of the hip. Patient's medications include Trazodone, Lorazepam and Colace. Per toxicology report dated 06/02/14, patient tested positive for Oxycodone and Morphine, which were included in patient's prescriptions per the physician report dated 07/20/14. The MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. "The physician has not provided reason for the request, nor indicated what body part would be treated. The MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, Baclofen and Cyclobenzaprine, which is not supported for topical use in lotion form. The request is not medically necessary.

Docusate #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The patient presents with neck pain that radiates to his right shoulder, and upper extremities; low back pain and migraines. The request is for Docusate #60. The patient's medications include Trazodone, Lorazepam and Colace. Per toxicology report dated 06/02/14, patient tested positive for Oxycodone and Morphine, which were included in patient's prescriptions per treater report dated 07/20/14. Regarding constipation: The MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." The UR letter dated 10/07/14 states "... as adequate time has passed to allow for weaning to be completed, the continued use of Docusate prophylactically is not necessary." In this case, medical records indicate this patient has been taking opiates at least since 06/02/14. Treater has not discussed reason for the request, but it appears patient is still experiencing constipation secondary to opiate use during weaning. The MTUS recognizes constipation as a common side effect of chronic opiate use. The request is medically necessary.

