

Case Number:	CM14-0186906		
Date Assigned:	11/14/2014	Date of Injury:	03/02/2004
Decision Date:	01/05/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/10/2014

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 46 year old female with an injury date on 03/02/2004. Based on the 10/06/2014 progress report provided by the treating physician, the diagnoses are: 1. Chronic Pain Syndrome 2. Lumbar Radiculopathy 3. Prescription Narcotic Dependence 4. Myofascial Syndrome 5. Status Post Left Tibial Fibular Fracture and ORIF 6. Chronic Pain Related Depression 7. Chronic Pain Related Anxiety 8. Chronic pain Related Insomnia. According to this report, the patient complains of "low back pain radiating to the right leg." "However, the patient states that her worst issue right now seems to be her left foot plantar fasciitis." Patient's current pain is rated as a 7/10; average pain is at an 8/10 over the preceding week; and without medications pain is at a 9/10. The 07/17/2014 report indicates patient's current pain is rates as a 7/10; average pain is at a 6/10 over the preceding week; and without medications pain is at a 5/10. Physical exam findings were not included in the reports for review. There were no other significant findings noted on this report. The utilization review denied the requests for Prednisone 10mg #30, Subutex 8mg #60, and Gaba/Flexeril/Flurbiprofen compound ointment 240 grams on 10/18/2014. The requesting physician provided treatment reports from 10/23/2013 to 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 10mg #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 (ODG), Pain (Chronic), Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oral Corticosteroids (Online Edition).

Decision rationale: According to the 10/06/2014 report, this patient presents with "low back pain radiating to the right leg" and left foot plantar fasciitis. The current request is for Prednisone 10mg #30. Regarding oral corticosteroids, ODG states "Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (Methylprednisolone) tablets are not approved for pain. (FDA, 2013)." "In this case, the patient does not present with an "acute radicular pain" to warrants the use of this medication; therefore, the medication is not medically necessary.

Subutex 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Criteria for Use of Opioids Page(s): 60, 61; 76-78; 88-89.

Decision rationale: According to the 10/06/2014 report, this patient presents with "low back pain radiating to the right leg" and left foot plantar fasciitis. The current request is for Subutex 8mg #60. This medication was first mentioned in the 07/17/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show "The patient pain score is 7/10 right now and average 8/10 over the preceding week. Without pain medication patient's pain scores is 9/10." A recent urine drug screen was obtained on 10/06/2014 and 07/17/2014. In this case, the reports show documentation of analgesia with pain ranging from 9/10 to 7/10. The treating physician does not discuss specific improvement in ADLs or document functional improvement. No return to work or opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to document ADL's, adverse effects and

adverse behavior as required by MTUS. Therefore, the medication requested is not medically necessary.

Gaba/Flexeril/Flurbiprofen compound ointment 240 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 10/06/2014 report, this patient presents with "low back pain radiating to the right leg" and left foot plantar fasciitis. The current request is for Gaba/Flexeril/Flurbiprofen compound ointment 240 grams. Regarding Topical Analgesics, MTUS page 111 states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. "Regarding Cyclobenzaprine topical, MTUS states, and other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine cream is not recommended for topical formulation; therefore, the request is not medically necessary.