MAXIMUS Federal Services

Case Number:	CM14-0200779		
Date Assigned:	12/11/2014	Date of Injury:	09/08/2004
Decision Date:	01/27/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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:

56 yr. old male claimant sustained a work injury on 9/8/2004 involving the neck and low back. He was diagnosed with cervical radiculopathy, lumbar foraminal stenosis and adhesive capsulitis from prior MRIs in 2011. In addition, he had a heroine addiction, gastric ulcer, diabetes, emphysema and insomnia. He had been on Norco and Methoadone for pain since at least 2012. A progress note on 10/15/14 indicated the claimant had pain in the involved areas. Exam findings were notable for decreased range of motion of the back and shoulders, a positive straight leg raised test and hamstring tightness. He was continued on Norco and Methadone along with topical Flurbiprofen/lidocaine and Cyclobenzaprine/Lidocaine for pain**.**

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Methadone 10mg #180 With Unknown Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification. Despite a heroine addiction history , the claimant had been

on Norco and Methadone for years. As a result, continued and ling-term use of Methadone is not medically necessary.

1 Prescription of Topical Compounded Fluriboprofen 20% And Lidocaine 5% #4gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The above compound contained a topical NSAID (Flurbiprofen). According to the guidelines, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Since the Flurbiprofen is not medically necessary, the compound above is not medically necessary.

1 Prescription of Topical Compounded Cyclobenzaprine 10% And Lidocaine 2% #4gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The above compound contained a topical muscle relaxant (Cyclobenzaprine) According to the guidelines, there is little evidence to utilize topical muscle relaxants. Since the Cyclobenzaprine is not medically necessary, the compound above is not medically necessary.