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| Case Number: | CM15-0002996 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 06/24/2011 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/07/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31-year-old male who reported an injury on 06/24/2011. The mechanism of injury was not stated. The current diagnoses include causalgia of the lower limb, cavus deformity of the foot, sprain/strain of the left ATFL, peroneal tendinitis, and sprain/strain of the right wrist. The injured worker presented on 12/01/2014 with complaints of persistent pain over multiple areas of the body. Previous conservative treatment was noted to include medication management and bracing. The injured worker was utilizing Effexor, Seroquel, Ambien, amitriptyline, melatonin, Prilosec, Kadian, Terocin, acyclovir, Latuda, cyclobenzaprine, and gabapentin. Upon examination of the left foot/ankle, there was no evidence of external trauma. There was no swelling noted. There was normal alignment without deformity. Recommendations at that time included continuation of the current medication regimen. There was no 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:

Terocin patches #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There was no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. There was no frequency listed in the above request. There was also no documentation of objective functional improvement despite the ongoing use of Terocin patches. Given the above, the request is not medically appropriate.

Kadian 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no documentation of objective functional improvement despite the ongoing use of Kadian 10 mg. There was also no frequency listed in the above request. As such, the request is not medically appropriate.

Cyclobenzaprine/Flexeril 7.5, #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non sedating n second line options for the short treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of spasticity or palpable muscle spasm upon examination. The medical necessity for Flexeril 7.5 mg has not been established. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.