

Case Number:	CM15-0014864		
Date Assigned:	02/02/2015	Date of Injury:	10/05/2004
Decision Date:	05/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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

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 49 year old female, who sustained an industrial injury on October 5, 2004. The injured worker has reported ongoing radiating pain and numbness down the bilateral posterior thighs to the calves, worse with walking and ongoing neck pain with intermittent numbness down the arms primarily through the forearms to the long fingers. The diagnoses have included lumbago, muscle spasms, degenerative lumbar/lumbosacral intervertebral disc disease, thoracic/lumbosacral neuritis/radiculitis, post laminectomy syndrome of the lumbar region and sacroiliitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the lumbar spine, conservative therapies, pain medications and work restrictions. The injured worker presented on 12/18/2014 for a followup evaluation. The injured worker reported ongoing neck pain, low back pain, and bilateral leg pain. The injured worker reported increasing headaches, nausea, and difficulty maintaining sleep. The current medication regimen includes Dilaudid, fentanyl, Subsys, a topical cream, and Valium. Upon examination, there was ongoing low back and buttock pain with right greater than left leg pain. There was also severe cervical occiput tenderness noted. There were no new deficits noted. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch # 60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine. The injured worker was instructed to utilize Flector patch for the low back. However, the California MTUS Guidelines would not support topical diclofenac for the treatment of the spine. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Valium 5 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. The injured worker has continuously utilized the above medication since at least 04/2014. There is no documentation of objective functional improvement. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested medication has not been established. The guidelines do not support long-term use of this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Neuropathic Cream # 1: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of a failure of first line oral medication prior to

the initiation of a topical analgesic. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Fentanyl Patch 25 gm # 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

Decision rationale: The California MTUS Guidelines state: Duragesic fentanyl transdermal system is not recommended as a first line therapy. It is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The injured worker has continuously utilized the above medication since at least 07/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Dilaudid 4mg # 90: Upheld

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

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. The injured worker has continuously utilized the above medication since at least 07/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

TN1 Cream, # 1: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of a failure of first line oral medication prior to

the initiation of a topical analgesic. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.