MAXIMUS Federal Services

Case Number:	CM15-0025272		
Date Assigned:	02/17/2015	Date of Injury:	10/22/1999
Decision Date:	04/20/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old male who sustained an industrial injury on October 22, 1999. He has reported neck and arm pain and has been diagnosed with brachial neuritis/radiculitis not otherwise specified, cervicalgia, postlaminectomy syndrome cervical region, cervicocranial syndrome, and spasm of muscle. Treatment has included pain medications and a home exercise program. Currently the injured worker complains of chronic left sided neck pain which radiates into the shoulder down the arm into the ulnar side of the fingers and cervicogenic headache. The treatment plan consisted of urine drug screen, medication, home exercise program, and physical therapy. On January 16, 2015 Utilization Review non certified 25ugm # 15 and trial PC5001 compound cream 150 gm citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 25mcg/hr #15: Upheld

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

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

Decision rationale: The most recent progress note dated October 30, 2014 indicates that the injured employees currently prescribed both Dilaudid and methadone. Considering the usage of these medications it is unclear why there is request for a trial of fentanyl patches in addition to these existing prescriptions. Considering that these other opioid medications are already prescribed, this request for fentanyl patches is not medically necessary.

Trial PC5001 Compound Cream 150 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications, NSAIDs. Decision based on Non-MTUS Citation Compounded Medications, NSAIDs, Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, 945; adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, 947; agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." It is unclear what the compounded ingredients are in PC 5001 cream nor is this documented in the progress note dated October 30, 2014. Without knowing its constituent ingredients and justification for their usage, this request for PC 5001 compound cream is not medically necessary.