

Case Number:	CM15-0041522		
Date Assigned:	03/11/2015	Date of Injury:	04/15/1989
Decision Date:	05/04/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/04/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 68 year old male sustained an industrial injury to the neck and back on 4/15/89. Previous treatment included medications, trigger point injections and epidural steroid injections. The injured worker received epidural steroid injections every three months. In an office visit dated 2/5/15 the injured worker complained of ongoing cervical, lumbar and thoracic spine pain with radiation to the right shoulder. The injured worker reported 80% relief from an epidural steroid injection administered on 12/23/14. Current diagnoses included chronic cervical and thoracolumbar pain on an industrial basis and right shoulder pain without a clear etiology. The treatment plan included right shoulder x-ray, home exercise and refilling medications (Flector patch, Methadone, Modafinil and Testosterone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, opioids criteria for use Page(s): 91, 93, 78 and 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 74-96.

Decision rationale: Guidelines do not recommend methadone as first line opioid for treatment of pain. In this case, trials of alternative opioids are not documented in the medical records provided. Thus, the request for methadone 10 mg #90 is not medically appropriate and necessary.

Modafinil 100mg quantity 60 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: Guidelines do not recommend Modafinil solely to counteract sedation effects of narcotics until after first reducing excessive narcotic prescribing. In this case, methadone reduction was recommended but not accomplished. Since an attempt at reducing narcotics must be documented prior to trying Modafinil, thus the request for Modafinil 100 mg #60 with one refill is not medically appropriate and necessary.

Flector patches 1.3% quantity 30 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 114 and 115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 11/21/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: Guidelines recommend short term use of topical NSAIDs not to exceed 12 weeks. In this case, the patient has been using topical NSAIDs for over 12 weeks. Thus, the request for Flector patches 1.3% #30 with 3 refills is not medically appropriate and necessary.

Diclo/Baclo/Bupi/Gaba cream 120gms with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 114 and 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

Decision rationale: Guidelines do not recommend topical use of gabapentin and baclofen for any indication and also does not recommend any compounded topical medication that contains any non-recommended ingredient. In this case, the requested medication contains both

gabapentin and baclofen. Thus, the request for Diclo/Baclo/Bupi/Gaba 120 gms with 2 refills is not medically appropriate and necessary.