MAXIMUS Federal Services

Case Number:	CM15-0046186		
Date Assigned:	03/18/2015	Date of Injury:	03/08/2005
Decision Date:	05/11/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 female who reported an injury on 03/08/2005. A supplemental report dated 03/05/2015 states that the injured worker had been using Soma intermittently and not on a daily basis for her muscle spasms. She was also using Norco for pain at the lowest effective dose. It was stated that the medications had been allowing her to improve her function and maintain her place as a productive member of society. Regarding the requested ketoprofen cream, it was noted that this was helpful in decreasing her pain and that the use of this medication was to overall decrease her intake of oral medications. No additional recent information was provided regarding the injured worker's condition, subjective complaints, and examination findings. The treatment plan was for her to continue her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3-Ketoprofen 20%: 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): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation submitted for review indicates that this medication has been helpful in reducing the injured worker's pain. However, there is a lack of information showing objective findings of improvement as well as a quantitative decrease in her pain scale to support the request for continuing this medication. Also, there is no indication that she has tried and failed recommended oral medications such as antidepressants and anticonvulsants to support this medication. Furthermore, the quantity and frequency of the medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Soma 350mg, #120, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: According to the California MTUS Guidelines, Soma is not recommended for use and is not indicated for long-term use. The documentation provided fails to show the duration that the injured worker has been using Soma for treatment. Without this information, continuing would not be supported as it is only indicated for short-term use, if at all. Also, 2 refills of this medication would not be supported without a re-evaluation to determine treatment success. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Norco 10/325mg, #120 for one month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. While the documentation provided indicates that the injured worker has had an improvement in function with her medications, there is a lack of documentation showing objective findings of improved function as well as quantitative decrease in her pain scale to support that this medication has been effective in reducing her symptoms. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Norco 10/325, #120, to be filled on 4th week: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. While the documentation provided indicates that the injured worker has had an improvement in function with her medications, there is a lack of documentation showing objective findings of improved function as well as quantitative decrease in her pain scale to support that this medication has been effective in reducing her symptoms. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Norco 10/325mg, #120, to be filled on 8th week: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. While the documentation provided indicates that the injured worker has had an improvement in function with her medications, there is a lack of documentation showing objective findings of improved function as well as quantitative decrease in her pain scale to support that this medication has been effective in reducing her symptoms. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Ketoprofen cream, 2 refills: 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): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation submitted for review indicates that this medication has been

helpful in reducing the injured worker's pain. However, there is a lack of information showing objective findings of improvement as well as a quantitative decrease in her pain scale to support the request for continuing this medication. Also, there is no indication that she has tried and failed recommended oral medications such as antidepressants and anticonvulsants to support this medication. Furthermore, the quantity and frequency of the medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.