

Case Number:	CM15-0053956		
Date Assigned:	03/27/2015	Date of Injury:	02/09/1999
Decision Date:	05/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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 62-year-old female who reported an injury on 02/09/1999. The mechanism of injury was not specifically stated. The current diagnoses include bilateral hand osteoarthritis, right impingement syndrome, bilateral carpal tunnel syndrome, myofascial pain, and cervical spondylosis without myelopathy. The injured worker presented on 02/06/2015 for a followup evaluation regarding neck pain, right shoulder pain, and bilateral hand pain. The injured worker indicated the current medication regimen was not provided sufficient relief of symptoms. The quality of pain was described as sharp, stabbing, and throbbing with a duration described as constant. Pain radiated into the bilateral upper extremities and was aggravated by movement. The current medication regimen includes Soma, Prozac, Imitrex, Fiorinal, Prilosec, Ambien, amitriptyline, and Vicodin. The injured worker was status post a bilateral carpal tunnel release in 07/1999, right thumb arthroplasty in 01/2000, right thumb revision surgery in 09/2000, left thumb arthroplasty in 02/2001, left tendon revision in 07/2001, and right carpal tunnel release revision in 05/2005. There was no comprehensive physical examination provided for review. Recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch once per day #30 with 1 refill: 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 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. The injured worker was instructed to continue with Terocin patch on 02/06/2015; however, there was no documentation of objective functional improvement despite the ongoing use of this medication. There was also no evidence of a failure of first line oral medication prior to the initiation of a topical analgesic. Given the above, the request is not medically necessary.

Vicodin tablet 300mg-5mg 1 tablet 3 times a day #90: 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 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of nonopioid analgesics. Ongoing documentation and review of pain relief, flexion status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 06/2014. Despite the ongoing use of this medication, the injured worker continues to report constant pain. There is no documentation of objective functional improvement. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. Given the above, the request is not medically necessary.

Soma tablet 350mg twice per day #60: 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 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Some should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication since at least 06/2014. Guidelines would not support long term use of this medication. There was also no physical examination provided on the requesting date. The medical necessity for the ongoing use of this medication has not been established. As such, the request is not medically necessary.

Elavil 75mg 1 tablet at bedtime #30 with 1 refill: 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 Page(s): 13-16.

Decision rationale: California MTUS Guidelines recommend amitriptyline for neuropathic pain. In this case, it is noted that the injured worker has utilized the above medication since at least 06/2014. Despite the ongoing use of this medication, the injured worker continues to report constant pain, weakness, numbness, and tingling. There was no documentation of objective functional improvement to support the ongoing use of this medication. As such, the request is not medically necessary at this time.

Gabacyclotram Cream (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%), apply thin layer to affected area 2-3 times per day #180 grams with 1 refill: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. Muscle relaxants are also not recommended for topical use. Given the above, the request is not medically necessary at this time.