

Case Number:	CM15-0245690		
Date Assigned:	12/28/2015	Date of Injury:	10/09/2014
Decision Date:	01/29/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/17/2015

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:

The injured worker is a 63 year old female who sustained an industrial injury on October 9, 2014, incurring neck, right elbow, bilateral wrists and back injuries. She was diagnosed with cervical sprain, cervical degenerative disc disease, cervical radiculopathy, lumbar sprain, lumbar degenerative disc disease, thoracic sprain, thoracic discopathy, and right elbow epicondylitis and left wrist carpal tunnel syndrome. Treatment included physical therapy, pain medications, anti-inflammatory drugs, topical analgesic compound cream, surgical lumbar laminectomy, and activity restrictions. The injured worker had been ordered on her medications from at least the start of her injuries. Currently, the injured worker complained of persistent pain and discomfort of her upper and lower back, wrists and right elbow. She noted painful range of motion of the right elbow and wrists, painful and limited range of motion of the cervical spine and lumbar spine. She had pain, numbness and tingling in the left wrist. She reported frequent muscle spasms and decreased sensation in the lower back. She rated her constant sharp overall pain 4 out of 10 on a pain scale from 0 to 10, interfering with her functional performance and activities of daily living. The treatment plan that was requested for authorization included prescriptions of Tylenol #3, #60 with 2 refills and Compound Flurbiprofen 10%/ Diclofenac 10%/ Gabapentin 10%/ Lidocaine 5%, 240gm. On November 23, 2015, requests for prescriptions of Tylenol #3 with a quantity of #60 with 2 refills was modified to a quantity of #30 with no refills, and a request for a prescription for compound cream were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No.3 #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Tylenol #3 #60 with 2 refills is not medically necessary.

Compound Flurbiprofen 10%/ Diclofenac 10%/ Gabapentin 10%/ Lidocaine 5% 240g:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs and Gabapentin is not recommended for topical use. The request for topical Flurbiprofen/ Diclofenac/ Gabapentin/ Lidocaine 240 g is not medically appropriate and necessary.