

Case Number:	CM14-0158466		
Date Assigned:	10/02/2014	Date of Injury:	12/16/2011
Decision Date:	10/29/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Colorado. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old with a date of injury on December 16, 2011. The injury resulted in neck and low back pain. Low back is not accepted by the insurance claim. Records from August 5, 2014 are handwritten and difficult to read. Subjective information reports back pain over 8/10, neck pain with swelling, can't sleep, spasm to left arm, hand and wrist. Objective notes indicate that the injured worker is psychologically very depressed, in distress, tearful, grip strength 4+/5 bilaterally, swelling to bilateral wrists at volar aspect, has positive Tinel's sign, and tenderness to cervical and lumbar spine. Diagnoses are lumbar myofascitis/radiculitis, and cervical myofascitis/radiculitis. The plan is to discontinue Norco as it is not working and switch to Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal medications, two times 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 (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CM14-0156627 Page(s): 111.

Decision rationale: The specific transdermal medication is not identified. In this regard, the medical guidelines clearly note that sufficient information should be provided to reviewers in order to be able to determine the medical necessity of the requested treatment. A transdermal medication would be a topical medication. The medical treatment guidelines do not support the use of topical medications unless there is a diagnosis of neuropathic pain and other standard oral medications have failed. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Therefore the request for transdermal medications, two times refill, is not medically necessary or appropriate.

Ketoprofen 20%, ketamine 5%, cyclobenzaprine 1%, gabapentin 5%, 180 grams, 30-day supply plus additional refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The requested treatment/service is not medically necessary because the prescribing of this topical compounded medication is not supported by the medical treatment guidelines. The guidelines note that use of topical medications is largely experimental in nature and offer little benefit. These medications are to be used for a specific diagnosis of neuropathic pain or osteoarthritis only when standard oral medications have failed. The guidelines also note when a compound is included that is not recommended, then the combination is not medically supported. The medical records provided reflect a soft tissue diagnosis and there is no diagnosis of neuropathic pain or osteoarthritis. The records do not reflect a previously failed trial. Thus, on numerous accounts the request does not meet the criteria of the guidelines. Therefore the request for Ketoprofen 20%, ketamine 5%, cyclobenzaprine 1%, gabapentin 5%, 180 grams, thirty-day supply plus additional refills, is not medically necessary or appropriate.

Percocet 10/325 mg: 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 Opioids Page(s): 76.

Decision rationale: The requested treatment/service is not medically necessary because the medical notes fail to provide sufficient documentation to support ongoing use of opioids and the notes reflect that the injured worker has failed to obtain relief from opioid treatment. The medical information provided fails to provide sufficient information as required by the medical treatment guidelines regarding analgesia, activities of daily living, aberrant medication use. The notes clearly reflect that the injured worker has not benefited from opioid treatment and thus

continuation is not supported. Therefore, the request for Percocet 10/325 mg is not medically necessary or appropriate.

Consultation with pain management for epidural steroid injection (ESI): 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 Guidelines Epidural steroid injections (ESIs) Page(s): 45. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 105-115

Decision rationale: The requested treatment/service is not medically necessary because the information provided does not provide clinical information or a diagnosis to support a condition that would be responsive to epidural injection therapy. In that an injection is not supported, the consult for the injection is not supported as well. The medical notes reflect this is a three year old injury and there are no symptoms or clinical findings of radicular (leg) pain or any clinical findings of radicular condition. The medical treatment guidelines note that the use of epidural injections are supported with substantiated radicular symptoms and clinical findings and that these injections should be utilized to facilitate an active program. This is not reflected in the medical records. Therefore the request for a Consultation with pain management for epidural steroid injection (ESI) is not medically necessary or appropriate.