

Case Number:	CM14-0162013		
Date Assigned:	10/07/2014	Date of Injury:	12/03/2013
Decision Date:	11/07/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/02/2014

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina, and Georgia. 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 59-year-old female who reported an injury on 12/03/2013. The mechanism of injury was a fall. The diagnoses included lumbar spine sprain/strain, with multilevel spondylosis/facet osteoarthritis at L3-S1, right knee sprain/patellofemoral arthralgia, right Achilles tendinitis, and psychiatric complaints. The past treatments have included physical therapy, chiropractic therapy, home exercise program, and the use of a brace, cane, and heel cups. A MRI of the lumbar spine dated 05/28/2014, revealed mild multilevel facet arthropathy and endplate degenerative changes, multilevel shallow 1 mm disc bulge with no disc protrusion or neural abutment, and mild central canal narrowing at L4-5. A urine drug screening dated 04/23/2014 was noted to be consistent with the medication regimen. The progress note dated 09/05/2014, noted the injured worker complained of pain across her buttock area rated 6/10 to 7/10, pain and swelling to the right wrist rated 4/10, right foot pain rated 4/10, and right knee pain rated 4/10 to 5/10. The pain was reported to be constant and worsening. The physical examination revealed tenderness to palpation of the shoulder with crepitus, and positive impingement test; decreased range of motion; tenderness to palpation over the lumbar paravertebral muscles and sacroiliac joints with a positive straight leg raise test, and painful; and decreased active range of motion and tenderness to palpation of the Achilles and tibialis anterior tendons, with painful range of motion of the ankle. The medications included Dilaudid 2 mg once a day, and Ultracin twice a day. The treatment plan noted the injured worker was to have a diagnostic ultrasound of the right shoulder, requested a refill of medications, and recommended to continue the home exercise program. The Request for Authorization form was submitted for review on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2mg #30: 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, criteria for use of Page(s): 78-80.

Decision rationale: The request for Dilaudid 2 mg #30 is not medically necessary. The injured worker had pain to her buttocks area, right wrist, right foot, and right knee. Painful range of motion was noted to the right shoulder, lumbar spine, and right ankle. The California MTUS Guidelines recommend opioids as second line treatment of moderate to moderately severe pain, and for long term management of chronic pain when pain and functional improvements are measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behavior should also be assessed. Furthermore, the guidelines note opioids should be discontinued if there is no overall improvement, continued pain with adverse side effects, decrease in function, resolution, non-adherence, evidence of illegal activity, or inconsistency between the complaint of pain and the presentation. There is no documentation of failure of first line medications. The injured worker has been prescribed Dilaudid since as least as early as 03/10/2014. There is a lack of documentation indicating the injured worker has had significant objective functional improvement or improvement of pain with the medication. There is no documentation of assessment of side effects. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Due to the lack of documentation of improvement with the medication, the lack of assessment of side effects and the exclusion of the intended frequency of the medication, the continued use of Dilaudid is not supported at this time. Therefore, the request is not medically necessary.

Ultracin topical lotion 120ml: 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 Topical Analgesics Page(s): 110-112.

Decision rationale: The request for Ultracin topical lotion 120ml is not medically necessary. The injured worker had pain to her buttocks area, right wrist, right foot, and right knee. Ultracin lotion contains capsaicin, methyl salicylate, and menthol. The California MTUS Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended in a 0.025% or 0.075% formulation, as an option for patients who have not responded to other treatments or are intolerant of other treatments. Salicylate topicals are a recommended option for acute or chronic pain. The FDA warns topical pain relievers that contain menthol, methyl salicylate, or capsaicin may cause

serious burns. There is no recommendation for the use of menthol. The guidelines further state, any compound that includes one or more medications that is not recommended, is not recommended for use. There is no evidence the injured worker failed a trial or antidepressants or anticonvulsants. There is no indication the injured worker was intolerant or not responded to other treatments. The location and frequency intended for use is not provided to determine medical necessity. The injured worker has been prescribed Ultracin lotion since as early as 06/04/2014. There is a lack of documentation of the efficacy of the medication. There is a lack of documentation of failure or intolerance to first line treatments, documentation of the efficacy of the medication, and the exclusion of the intended location and frequency of the medication. Therefore, the request is not medically necessary.