

Case Number:	CM14-0033240		
Date Assigned:	06/20/2014	Date of Injury:	12/28/2004
Decision Date:	01/30/2015	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 50 year old injured worker who sustained a work-related injury on December 28 2004. Subsequently, the patient developed a chronic low back pain for which he was treated with back surgery. According to a progress report dated on January 15 2014, the patient was complaining of ongoing back pain and shoulder pain. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, right shoulder pain with impingement sign. The patient was diagnosed with lumbar disc disease and right shoulder rotator cuff tear. The provider requested authorization for the following therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) - Antispasticity Drugs - Carisoprodol.

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time

and prolonged use may cause dependence. According to the provided file, the patient was previously prescribed Soma without clear evidence of spasm or exacerbation of back pain. There is no justification for prolonged use of Soma. The request for Soma is not medically necessary.

Neurontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: According to MTUS, Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. However there is a limited research to support its use of back or neck pain. There is no documentation of the efficacy of previous use of Neurontin. Based on the above, the prescription of Neurontin is not medically necessary.

Fiorinal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs). Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/butalbital-342914#10> clas: sedatives/Hypnotics. Intermediate-acting barbiturate <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000027/>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fiorinal <http://www.webmd.com/drugs/2/drug-15819/fiorinal-oral/details>.

Decision rationale: Fiorinal is a combination of Caffeine, Barbiturate and Aspirin. It is used for the treatment of headaches. It is not indicated for long term use for chronic back, neck and musculoskeletal pain syndrome because of risk of addiction. Therefore, the request for the use of Fiorinal is not medically necessary.

Ketoprofen cream: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other

pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, Ketoprofen cream is not medically necessary.