

Case Number:	CM15-0115252		
Date Assigned:	06/23/2015	Date of Injury:	11/24/2008
Decision Date:	07/28/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 31 year old female, who sustained an industrial injury on 11/24/08. She reported low back pain. The injured worker was diagnosed as having myalgias and foot sprain. Treatment to date has included left medial bundle branch block, massage, TENS, heat application, and medication. Past procedures have included ESI at C3-4 on 9/4/14 with no significant pain relief; left MBB on 7/24/14 at L3-5, which resulted in 30% pain relief. The injured worker had been taking Oxymorphone since at least 5/22/15. UDS provided is from 12/17/14, which was negative for prescribed medications. There is no note of either adverse effect, aberrant behavior. 12/17/14 clinic note does mention 30% pain improvement for 3-4 hours with Percocet. Most recent UDS is from 4/20/15, which was appropriate. Most recent clinic note is from 5/22/15 at which time she reported 8/10 pain and was started on Oxymorphone ER. Currently, the injured worker complains of generalized myalgias and left foot pain. The treating physician requested authorization for Oxymorphone ER 5mg #120 and Voltaren gel AAA 2-4g #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone ER (extended release) 5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; When to Discontinue Opioids; Weaning of Medications Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: According to both CA MTUS and ODG guidelines opioids are not considered first line agent in treating chronic radicular pain. CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. Prior to starting a long acting opioid for treatment of chronic radicular pain, the IW should first be attempted on a first line neuropathic agent such as Lyrica or gabapentin. If pain control is not sufficient then an opioid such as Oxymorphone could be started as an adjuvant agent. Consequently, continued use of short acting opioids is not supported by the medical records and guidelines. Therefore, the request is not medically necessary.

Voltaren gel AAA 2-4gm, #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS, guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Voltaren is not recommended as a compounded agent as it can be safely taken orally. Consequently, continued use of the above listed compounded agent is not medically necessary at this time.