

Case Number:	CM15-0070682		
Date Assigned:	04/20/2015	Date of Injury:	03/25/2006
Decision Date:	06/16/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/14/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female patient who sustained an industrial injury on 03/25/2006. The accident was described as while performing job duties carrying totes that were stacked improperly then one tote fell causing her to turn, twist and ultimately was brought down to the floor. She subsequently underwent surgical repair to the lumbar spine on 2011. A primary treating office visit dated 03/17/2015 reported a pain management evaluation performed. The patient is with subjective complaint of low back pain and bilateral lower extremity pain. Current medications are: Morphine ER, Morphine IR, Gabapentin, Prilosec, Topical analgesia and Senokot. She reports low back pain as intractable that radiates to bilateral lower extremities. Diagnostic testing to include computerized tomography scans of lumbar spine, radiography scans. The following diagnoses were applied: failed back surgery syndrome; lumbar neuropathy, severe intractable left L5 and S1 neuritis; lumbar degenerative disc disease; secondary median nerve compression; bilateral sacroiliac joint pain, gait abnormality, and Opioid dependence. The plan of care noted the patient undergo a spinal cord stimulator trial, follow up with medical internist, and continue with current medications: Morphine ER, IR, Gabapentin, Prilosec, topical analgesia and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of three (3) topical analgesic creams 20%: 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): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), state on pages 111-113: Topical Analgesics- Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." In the case of this request, the specific components of the cream are not clear. The progress notes indicate a plan to prescribe topical analgesics without further clarification regarding active ingredients and dosage. Given this, this request is not medically necessary.

Pharmacy purchase of Senokot/Colace (unspecified number of pills): Overturned

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 Constipation prevention Page(s): 77-78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 77-78 recommend prophylactic treatment of opioid related constipation. Specifically, the following is state with regard to initiating Opioid Therapy: "(d) Prophylactic treatment of constipation should be initiated." Given that the worker continues of morphine, the use of a laxative or stool softener would be appropriate. Since an amount is not specified, the standard dosing should be provided for constipation prophylaxis of BID dosing which would allow 60 pills. This request is medically necessary.