MAXIMUS Federal Services

Case Number:	CM13-0004915		
Date Assigned:	12/11/2013	Date of Injury:	05/05/2004
Decision Date:	01/31/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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 65-year-old male who reported an injury on 05/05/2004 after falling from a distance of approximately 20 to 25 feet injuring the right knee, shoulder and neck. The patient's course of treatment has included multiple surgical procedures, physical therapy, injections, radiofrequency ablation, and chiropractic care. The patient's chronic pain was treated with medications. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had persistent low back pain, right shoulder pain and neck pain with associated numbness and tingling of the left arm and significant atrophy. Objective findings included tenderness along the cervical paraspinal musculature, hyperflexion of biceps, triceps, and brachioradialis with a positive Hoffmann's sign bilaterally and atrophy of the thenar muscles on the left side. The patient's diagnoses included discogenic cervical condition with radicular component, rotator cuff tear on the right status post decompression repair, discogenic lumbar condition with radicular component, internal derangement of the right knee status post total knee replacement, and depression, stress, sleep disorder, sexual dysfunction, headaches, and weight loss. The patient's treatment plan included Norco 10/325 mg for moderate to severe pain, Remeron 15 mg for insomnia, naproxen sodium 550 mg for inflammation, Topamax 50 mg for neuropathic pain, Flexeril 7.5 mg for muscle spasms, Terocin patch for topical relief, and LidoPro lotion. It is noted that the patient has 7/10 to 10/10 pain without medications and 4/10 to 5/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches #20 between 6/26/2013 and 9/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical, Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60,111.

Decision rationale: The requested Medrox patches #20 are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain relief as a result of the medications and is monitored for aberrant behavior with urine drug screens. The requested formulation of Medrox patches include methyl salicylate, menthol, and capsaicin. California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol in the treatment of osteoarthritic pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to osteoarthritis. Additionally, the formulation contains capsaicin. California Medical Treatment Utilization Schedule does not recommend capsaicin as a topical agent unless the patient has failed to response to other first line treatments and oral analgesics. There was no evidence within the documentation that the patient has failed to respond to first line treatments or oral analgesics. Additionally, California Medical Treatment Utilization Schedule recommends continued use of medications be supported by functional benefit and symptom response. Although there is documentation that the patient receives pain relief as a result of the medication schedule, there is no documentation of significant functional benefit as a result of the medications. As such, the requested Medrox patches #20 are not medically necessary or appropriate.

Norco 10/325mg #90 between 6/26/2013 and 9/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Users of Opiods (6-months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is provided pain relief by the current medication schedule that does include Norco 10/325 mg. However, California Medical Treatment Utilization Schedule recommends the ongoing use of opioids and the management of chronic pain be supported by increased functional benefit, pain relief, management of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior and is provided significant pain relief and that side effects are managed. However, the clinical documentation submitted for review does not provide any clear qualitative evidence of functional benefit as a result of the medication schedule and the provided pain relief. As such, the requested Norco 10/325 mg #90 is not medically necessary or appropriate.

Norco 10/325mg #120 between 6/26/2013 and 9/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Users of Opiods (6-months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #120 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is provided pain relief by the current medication schedule that does include Norco 10/325 mg. However, California Medical Treatment Utilization Schedule recommends the ongoing use of opioids and the management of chronic pain be supported by increased functional benefit, pain relief, management of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior and is provided significant pain relief and that side effects are managed. However, the clinical documentation submitted for review does not provide any clear qualitative evidence of functional benefit as a result of the medication schedule and the provided pain relief. As such, the requested Norco 10/325 mg #120 is not medically necessary or appropriate.