MAXIMUS Federal Services

Case Number:	CM13-0006821		
Date Assigned:	11/22/2013	Date of Injury:	03/11/2003
Decision Date:	05/29/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/05/2013

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 Physical Medicine & 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 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 45-year-old male who reported injury on 03/11/2003. The mechanism of injury was the injured worker was operating a folding box machine in a stooping position and felt a pop in his low back. The medication history as of 05/2013 included Norco and Tramadol. The documentation of 06/27/2013 revealed the injured worker had complaints of low back pain radiating to the lower extremity of a 6/10. The diagnoses included lumbar sprain/strain, lumbar radiculitis, lumbago, lumbar spinal stenosis, and depression. The treatment plan included Norco 10/325 #60, Medrox patches #30, and Tramadol 50 mg #60, as well as a combination 60 mg Toradol and 1 cc B12 injection, as well as an updated non-contrast MRI of the lumbar spine to confirm a suspected disc protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management; Opioid Dosing Page(s): 78 & 86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 month. There was lack of documentation of objective improvement in function and an objective decrease in pain. There was lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for NORCO 10/325 MG #60 is not medically necessary.

MEDROX PATCHES #30: 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 Salicylate; Topical Analgesic; Topical Capsaicin Page(s): 105, 111 & 28. Decision based on Non-MTUS Citation Medrox online package insert

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety...are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that topical salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing menthol 5.00% and 0.0375% capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency and strength for the medication. The duration of medication use could not be established through the provided documentation. Given the above, the request for Medrox Patches #30 is not medically necessary.

RETROSPECTIVE REQUEST FOR TORADOL 60MG DOS: 6/27/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

Decision rationale: The California MTUS Guidelines do not recommend Toradol injections for chronic painful conditions. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the retrospective request for Toradol 60mg DOS: 6/27/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR 1CC B12 INJECTION DOS: 6/27/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Vitamin B

Decision rationale: Official Disability Guidelines indicate that vitamin B12 is not recommended. It is frequently used for treating peripheral neuropathy, but the efficacy is unclear. There was lack of documented rationale for the necessity of a B12 injection. Given the above, the retrospective request for 1cc B12 injection DOS: 6/27/2013 is not medically necessary.