

Case Number:	CM13-0020327		
Date Assigned:	10/11/2013	Date of Injury:	02/16/2011
Decision Date:	02/03/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/05/2013

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 Family Practice and is licensed to practice in Texas. 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 40-year-old male who reported an injury on 02/16/2011. The mechanism of injury was noted to be a fall off a ladder. His diagnosis includes discogenic disease at L5-S1 with S1 root radiculitis, left greater than right. On 11/12/2012, he was noted to have been prescribed Neurontin 300 mg for nerve pain and a topical compounded medication consisting of flurbiprofen, capsaicin, menthol and camphor. At his 02/26/2013 office visit, the patient was noted to have been prescribed Medrox ointment to be applied over the injured body parts 2 to 3 times per day

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Medrox Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: Medrox is noted to be a topical cream, which contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine

efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It further states that any compounded product that contains at least 1 drug, or drug class, that is not recommended is not recommended. In regards to the methyl salicylate, the guidelines state that topical salicylates are recommended as they have been shown to work better than placebo for pain. However, topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The recommended formulations of capsaicin are the 0.025% and the 0.075% formulations. It is specified that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy. As the guidelines state that capsaicin 0.0375% is not recommended, the compounded cream Medrox is not recommended by guidelines. Additionally, the records indicate that the patient was placed on Neurontin previously; however, there is no further documentation regarding the patient's outcome or intolerance to this medication in order to warrant topical analgesics in general. For these reasons, the request is noncertified.

Request for prescription of Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines state that for patients taking opioid medications, ongoing review and documentation, including pain relief, functional status, appropriate medication use, and side effects, is required. It is also noted that a detailed pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, documentation is required regarding the "4 A's" for ongoing monitoring, which includes analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The detailed documentation required by the guidelines was not provided in the patient's recent office notes for review. Additionally, the patient has a history of inconsistent urine drug screen results, which were negative for tramadol, including his most recent provided drug screen dated 07/11/2013. The clinical information submitted for review fails to show documentation of a conversation with the patient about his inconsistent urine drug screen results. With absence of the detailed documentation required and comments regarding the patient's inconsistent drug screens and possible aberrant drug-taking behaviors, the request is not supported. Therefore, the request is noncertified

Request for prescription of Glucosamine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Glucosamine Page(s): 50.

Decision rationale: The California MTUS Guidelines state that glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain. It further states that despite multiple controlled clinical trials of glucosamine in osteoarthritis, controversy on efficacy related to symptomatic improvement continues, as the medical information submitted for review fails to show that the patient has a diagnosis of osteoarthritis, and there is no documentation regarding the patient's symptomatic improvement on this medication. Therefore, the request is noncertified