MAXIMUS Federal Services

Case Number:	CM13-0026964		
Date Assigned:	11/22/2013	Date of Injury:	08/27/2002
Decision Date:	01/21/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/20/2013

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, has a subspecialty in Interventional Spine, 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 46 year old female with an injury from 8/27/02. Diagnoses include cervical hyperextention/flexion injury, cervical disopathy, mild bilateral shoulder impingement, lumbar hyperextension/flexion injury, lumbar disc herniation, lumbar radiculopathy, anxiety/depression, and GI disturbance. The patient had an Epidural Steroid Injection in October of 2012, which helped to temporarily alleviate symptoms. Reports from April and May 2013 indicate continued neck and low back pain. On 8/12/13, [redacted] issued a letter of appeal. A 8/26/13 report indicated that neck and low back pain was at 7/10, while use of Lidoderm and exoten cream helps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, q12h, three boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: Lidoderm 5% patches are recommended for "localized peripheral pain." MTUS Chronic Pain Guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. This patient suffers from chronic neck and low back pain. The patient does not present with localized peripheral neuropathic pain. The patient's pains are wide-spread in the neck, low back, and the extremities. The treater does not indicate what this patch is actually is being used for. MTUS Chronic Pain Guidelines do not support the use of Lidoderm patch for this type of musculoskeletal pain. The request for Lidoderm patches 5%, q12h, three boxes is not medically necessary and appropriate.

Amitramadol DM Ultracream 4%/20%/10% cream #240gm: Upheld

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

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

Decision rationale: According to the medical records provided for review, this patient suffers from chronic neck and low back pain with radicular symptoms into the extremities. The treater has prescribed topical synthetic opiate. However, these types of cream/ointments are not supported by the MTUS Chronic Pain Guidelines. The MTUS Chronic Pain Guidelines do not recommend opiates or synthetic opiates for topical use. Primary recommendation for topical products is for neuropathic pain and they are limited to the listed medications in the MTUS Chronic Pain Guidelines. Tramadol is not listed as one of the recommended topical cream/ointment products. The request for Amitramadol DM Ultracream 4%/20%/10% cream #240gm is not medically necessary and appropriate.

. Gabaketolido 6%/20%/6.15% cream #240gm: 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 Analgesics Page(s): 111.

Decision rationale: MTUS Chronic Pain Guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, gabapentin is not not recommended for any conditions by the MTUS Chronic Pain Guidelines. The request for Gabaketolid 6%/20%/6.15% cream #240gm is not medically necessary and appropriate.

Hydrocodone/APAP 10/325mg #60 one PO q6-8hr prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: This patient suffers from chronic neck and low back pains with radicular features. According to the medical records provided for review, the treater started this patient on Norco starting 7/29/13. However, the treater did not indicate outcome goals or discuss why this medication was used. Additionally there is no mention of opiate contract or what has been tried in terms of oral medications. The treater's note from 6/28/13 showed that the patient was doing well on Lidoderm patches and not taking anything else. MTUS Chronic Pain Guidelines do not recommend opiates as a first-line treatment for chronic pain. There is no documentation that the patient has been tried on other medications such as Tylenol or NSAIDs. The Guidelines state, "opioids are not generally recommended as a first-line therapy for some neuropathic pain." "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics." Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Given that the patient has not tried other medication, and the lack of clarity regarding the goals of Norco treatment, recommendation is for denial. The request for Hydrocodone/APAP 10/325mg #60 one PO q6-8hr prn is not medically necessary and appropriate.

Exoten-C lotion .002/10/20% #113.4ml: 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 Analgesics Page(s): 111.

Decision rationale: Exoten-c contains methyl salicylate (NSAID), menthol and capsaicin. MTUS Chronic Pain Guidelines state that if one of the compounded topical products is not indicated then the entire compound is not recommended. In this case, methyl salicylate is not indicated for this patient's condition. NSAID topical cream is indicated for peripheral joint arthritis/tendinitis condition. However, this patient suffers from chronic neck, and low back pains with radicular features and shoulder pain. The request for Exoten-C lotion .002/10/20% #113.4ml is not medically necessary and appropriate.

Physical Therapy 2 times a week for 4 weeks for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient suffers from chronic low back, neck, and shoulder pains. The patient is working. The patient received an unknown amount of pool therapy and did better per a June 2013 report. The treater indicated in the medical records provided for review that the patient had no pain while in the pool. There has been a repeated request for additional pool

therapy. MTUS Chronic Pain Guidelines provides clear criteria for the use of therapy sessions. The Guidelines allow 8-10 sessions of therapy with fading of treatments and transition into home exercises. The patient has recently had a course of pool therapy. It is not known how many sessions the patient was provided with. In the absence of the necessary information, one cannot determine how more can be allowed based on MTUS Chronic Pain Guidelines. The treater does not provide any compelling reasons to go for additional treatments such as a new injury, a change in diagnosis, or a decline in function due to a flare. MTUS Chronic Pain Guidelines consider it the treater's responsibility to assess patient's response and monitor the patient's progress toward goals. The patient is currently working, and it is not clear what the goals are for continuing therapy other than subjective pain reduction. The request for Physical Therapy 2 times a week for 4 weeks is not medically necessary and appropriate.