

Case Number:	CM13-0027918		
Date Assigned:	11/22/2013	Date of Injury:	02/16/2004
Decision Date:	01/30/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine, has a subspecialty in Cardiology 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 50-year-old male who reported an injury on 02/16/2004. The mechanism of injury was not provided for review. The patient developed chronic low back and cervical pain that was managed by medications. The patient's most recent medication schedule included Prilosec, Anexsia, and Bio-Therm cream. The patient was monitored for compliance with urine drug screens. The patient's most recent clinical evaluation noted that the patient had undergone an epidural steroid injection. Physical findings included tenderness to palpation along the cervical spinal musculature and spasming in the bilateral upper trapezius with full active range of motion. Physical findings of the lumbar spine revealed tenderness to palpation over the mid to lower lumbar musculature with noted spasming, with full range of motion with pain, and a bilateral straight leg raising test revealed a positive right-sided result and a negative left-sided result. The patient's diagnoses included cervical spine multilevel disc protrusions and lumbar spine multilevel disc protrusions. The patient's treatment plan included continued medication usage due to increased activity levels and ability to participate in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexsia (Hydrocodone APAP 7.5/325mg) #120: Upheld

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 Opioids On-Going Management Page(s): 78.

Decision rationale: Anexsia (hydrocodone/APAP 7.5/325 mg) #120 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has increased functional benefit and is regularly monitored for aberrant behavior through urine drug screens. California Medical Treatment Utilization Schedule states, "These domains have been summarized as the "4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The clinical documentation lacks any evidence of pain relief or reduced symptoms as a result of the medication schedule. Additionally, an assessment of side effects was not provided. As such, the requested Anexsia (hydrocodone/APAP 7.5/325 mg), #120, is not medically necessary or appropriate.

Bio-Therm (Capsaicin 0.002%) 4oz x 2: Upheld

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 Topical Analgesics Page(s): 111-113.

Decision rationale: Requested Bio-Therm (capsaicin 0.002%) 4 ounces times 2 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain that could benefit from medication management. It is also noted within the documentation that the patient has been on this medication for an extended duration and has been provided increased functional benefit. California Medical Treatment Utilization Schedule does not support the use of capsaicin unless the patient has failed to respond to other first-line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to any first-line treatments or first-line oral analgesics. Therefore, continued use would not be recommended. As such, the requested Bio-Therm (capsaicin 0.002%) 4 ounces times 2 is not medically necessary or appropriate.