

Case Number:	CM13-0028474		
Date Assigned:	11/27/2013	Date of Injury:	04/29/2005
Decision Date:	04/04/2014	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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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.

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 55 year - old male with a date of initial reported injury on April 29, 2005. The worker carries a diagnosis of injury to the lumbar back region. The mechanism of injury is reported to be from lifting a heavy table at work and soon after experiencing lumbar back pain with numbness radiating down his right lower extremity. MRI after injury showed a fracture of the lumbar spine. The patient is status - post lumbar surgery in December 2005 with failed results and spinal cord stimulator placement in 2009. The patient does report to also have anxiety, depression, and sleep disturbance. In addition to having surgery and a spinal cord stimulator placement, the patient has tried conservative management, narcotic therapy, TENS unit treatment, cognitive behavioral therapy, physical therapy and multiple lumbar epidural injections. A utilization review determination noncertified the additional Fentanyl patches 100mcg, Flexeril 7.5mg, Lidoderm patch 5%, Dendracin lotion, Methoderm 120gm, and Omeprazole 20mg based upon a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 100mcg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): s 76-80, 93.

Decision rationale: The MTUS Chronic Pain Guidelines specify that for ongoing monitoring the clinician should document 4 A's - analgesic effect, activities of daily living, aberrant behaviors, and adverse side effects. In regards to the injured worker, documentation per the psychologist on January 15, 2013 describes the patient being in "chronic intractable pain" and "chronic opioid dependence" with heavy narcotic use in the past. The patient has persistent pain issues which are being addressed medically and continues to use fentanyl patches given its ability to allow patient to be functional and perform activities of daily living per progress notes dated on January 9, 2013. For aberrancy screening, the patient has no history of illicit drug use or alcohol use. A psychologic evaluation reveals he has no family history of mental health/mood disorders, but he himself endorses some anxiety and insomnia. This demonstrates the continued medical need of fentanyl patches in light of failed management by other means in the past. Therefore, this request is medically necessary and appropriate.

Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Antispasmodics Page(s): 64.

Decision rationale: In regards to the injured worker, the medical records provided for review indicate the patient has been taking Flexeril on a chronic basis. Multiple progress notes, such as notes dated on November 13, 2012, February 12, 2013, and March 19, 2013 record the patient being on Flexeril for presumed myofascial pain. The MTUS Chronic Pain Guidelines clearly recommend Flexeril not to be used chronically and to limit use to no longer than 2 - 3 weeks given lack of justifiable evidence for continued use. Therefore, this request is not medically necessary and appropriate.

Lidoderm patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Topical Analgesics Page(s): 112.

Decision rationale: The medical records provided show continued use of Lidoderm patches for multiple pain symptoms. A progress note dated on January 6, 2013 states that patient was using Lidoderm patches for his lower back tenderness and myofascial pain without any documentation of any neuropathic pain component which is the recommended use of such patches. On February 6, 2012, notes state that the patient was using Lidoderm patches for his chronic shoulder pain which is not a documented industry related injury. The MTUS Chronic Pain Guidelines clearly recommend lidocaine patches solely for neuropathic pain. Therefore, this request is not medically necessary and appropriate.

Dendracin lotion: Upheld

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

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

Decision rationale: Dendracin is a compounded preparation of methyl salicylate, benzocaine, and menthol. The MTUS Chronic Pain Guidelines on page 111 state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regards to the injured worker, the documentation submitted does not include how long the patient has been using this medication. A thorough scan of all progress notes fails to document any stated rationale for the use of this medication. Without this documentation, this request is not medically necessary and appropriate.

Menthoderm 120 grams: Upheld

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

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

Decision rationale: Menthoderm is a compounded formulation consisting of methyl salicylate. The MTUS Chronic Pain Guidelines recommend only short term use of methyl salicylate. In regards to the injured worker, the documentation submitted does not include how long the patient has been using this medication. A thorough scan of all progress notes fails Final Determination Letter for IMR Case Number [REDACTED] to document any stated rationale for the use of this. Without this documentation, this request is not medical ly necessary and appropriate.

Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): s 68-70.

Decision rationale: In regards to the injured worker, documentation provided does not show any evidence of any gastrointestinal complaints. The most recent progress notes such as the one dated on September 13, 2013 documents use of oral omeprazole but not while on oral NSAIDS. Per the medical records provided for review, the patient does not meet the criteria of being at high risk for gastrointestinal events that would medically necessitate the use of omeprazole. Therefore, this request is not medically necessary and appropriate.

