

Case Number:	CM13-0032761		
Date Assigned:	12/06/2013	Date of Injury:	07/12/2002
Decision Date:	01/31/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 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:

This year-old female sustained an injury on 7/12/02 while employed by the [REDACTED]. Requests under consideration include orthopedic bed/ mattress, Dendracin topical lotion 120 ml, and Vicodin 7.5/750 mg, po BID-TID. Report dated 12/5/13 from [REDACTED], [REDACTED] noted the patient reporting "today is a great day." She reported no change to symptoms to bilateral wrist or neck. Bilateral wrists exam showed decreased sensation, TTP (tender to palpation), positive Tinel's and Phalen's. Diagnoses were cervical spine, trapezius s/s with DDD (degenerative disc disease) spondylosis at C5-6, Bilateral wrist tendonitis, mild CTS (carpal tunnel syndrome), psyche and HTN-defer. Plan for IMR for denial of ortho mattress/bed with f/u to review UDS (urine drug screen) and blood work. Report from [REDACTED] for [REDACTED] dated 9/18/13 noted cervical spine with TTP, positive axial compression, decreased AROM (no degree or plan specified), bilateral wrists with decreased sensory, TTP, positive Tinel's and Phalen's. Diagnoses same as [REDACTED] report of 12/5/13 with treatment plan for orthopedic bed/mattress from poor sleep as a result from failed response to oral analgesics, Dendracin lotion, and Vicodin. Case was P&S 7/21/03, settled with stipulation for future medical care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic bed/mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for the Low Back-Mattress Selection.

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

Decision rationale: ODG does not recommend specialized mattresses for spinal injuries especially for a diagnosis of chronic cervical strain/sprain and degenerative disc with unchanged chronic pain symptoms and clinical exam with intact neurological findings. Mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. Submitted reports have not addressed or demonstrated medical necessity to support for this orthopedic mattress. The Orthopedic bed/mattress is not medically necessary and appropriate.

Dendracin topical lotion 120ml: 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): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic Dendracin Lotion over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Dendracin which has compounded Methyl Salicylate/ Benzocaine/ Menthol may cause increased bleeding when used concurrently with another salicylate/NSAID as in this case, Ibuprofen. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. Dendracin lotion 120 ml is not medically necessary and appropriate.

Vicodin 7.5/750mg by mouth, two to three times per day (BID-TID): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in

pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with chronic cervical and wrists pain. The Vicodin 7.5/750 mg, po BID-TID is not medically necessary and appropriate.