

Case Number:	CM13-0037990		
Date Assigned:	06/09/2014	Date of Injury:	09/20/2011
Decision Date:	08/07/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 expert 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 58-year-old [REDACTED] man who sustained a work related injury on September 20, 2011. He subsequently developed left knee pain, as well as bilateral wrist and hand pain. According to a note dated on October 18, 2013, the patient underwent a total left knee replacement On September 2013. The patient was reported to have pain in the left knee. In addition, the patient states that he has pain in bilateral wrist and hand is intermittent throughout the day. When it hurts, it is at 7/10 on the pain scale. He had numbness and tingling in bilateral hands on a daily basis. He denies having any spasms. He also reported having depression due to chronic physical pain. His physical examination revealed a satisfactory range of motion of bilateral wrists and hands. It is noted stiffness of the third and fourth digits of the left hand. The patient was diagnosed with right ganglion cyst removal status post resection (January 2012); bilateral carpal tunnel syndrome; right lateral epicondylitis; possible fracture of the left middle finger, stenosing tenosynovitis of the long finger of the left hand status post release (2012); and depression. The patient was treated with physical therapy, Morphine, and Norco. The exact duration of the treatment was not documented; however it seems that the patient is taking the medications since 2012. The provider requested authorization to use Norco and Medrox patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. 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. Although the provider reported some pain improvement with continuous use of Norco, there is no clear evidence of objective and recent functional improvement with previous use of opioids (Norco). There no clear documentation of the efficacy/safety of previous use of Norco. There is no clear justification for the need to continue the use of Hydrocodone/Acetaminophen. Therefore, the prescription of Norco 325mg is not medically necessary.

Medrox patch #20: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure of oral form of one or all compound of the patch. (Menthol, Capsaicin,

Methyl Salicylate). Therefore, topical analgesic Medrox patch (Menthol, Capsaicin, Methyl Salicylate) #20 is not medically necessary.

Dedraicin lotion 120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 126.

Decision rationale: Dendracin is formed By Methyl Salicylate, Mentol and Benzocaine. According to MTUS, Salyicylate topicals is recommended and is better than placebo. Benzocaine (similar to Lidocaine) could be recommended in neuropathic pain. There are no strong controlled studies supporting the efficacy of Dendracin. Furthermore, it is not clear from the records that the failed oral first line therapies such as anticonvulsant or developed unacceptable adverse reactions from the use of these medications. Therefore, Dendracin lotion 120 ml is not medically necessary.