

Case Number:	CM13-0039404		
Date Assigned:	12/18/2013	Date of Injury:	10/31/2011
Decision Date:	06/03/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/28/2013

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 Orthopedic Surgery, and is licensed to practice in Arizona. 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:

This patient is a 46-year-old male who sustained injuries to his back, left shoulder, and left side of his neck with radiation to his left lower extremities and his left upper extremity. These injuries were sustained on 10/31/11. The patient has been treated by an orthopedic surgeon as well as a pain management specialist. He has had epidural injections, facet injections, and trigger point injections. He has been taking Hydrocodone with acetaminophen, and has been using capsaicin cream for several months. The patient is working full-time without limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 HYDROCODONE/APAP 7.5/325MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: This patient has been managing his chronic pain with the use of Hydrocodone/acetaminophen. The MTUS guidelines state that the ongoing use of opioids should be accompanied by ongoing monitoring of the 4 A's: analgesic effect, activities of daily living, adverse side effects, and aberrant drug behavior. The medical record documents that the

analgesia from this medication relieves the patient's pain and increases his activities of daily living, although it does not give specifics. The patient has had ongoing drug screening and on two occasions, drugs were found that were not prescribed; on one occasion, hydromorphone and Gabapentin were found, and on the second occasion Soma and meprobamate were found. There is no documentation of whether the patient was counseled about these aberrations. The patient is being managed by a pain management specialist. The continuation of the opioids allows the patient to be able to continue working without restrictions, and according to the notes, he is happy to be able to work. Since the protocol for maintenance opioids is being followed and the patient is able to continue to work, the medical necessity for continuing maintenance opioid treatment has been established.

BIO THERM (CAPSAICIN 0.002%), 4OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 111. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104, 111-113.

Decision rationale: BioTherm contains capsaicin, methyl salicylate, and menthol. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain, although, it is recommended only as an option in patients who have not responded or are intolerant to other treatments. It may be useful in patients whose pain has not been controlled successively with conventional therapy. Topical salicylates are recommended, and are significantly better than placebo in chronic pain. Menthol has no effect on skeletal muscular conditions. There is no documentation that the patient has been tried on topical salicylates, as opposed to the compounded creams, as the former are recommended for chronic pain. As such, the request is not medically necessary.