

Case Number:	CM13-0040114		
Date Assigned:	12/20/2013	Date of Injury:	11/21/1997
Decision Date:	03/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

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 Occupational 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. 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 21, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; topical gels; long- and short-acting opioids; transfer of care to and from various providers in various specialties; and muscle relaxants. A clinical progress note of September 12, 2013 is notable for comments that the applicant is unchanged. The applicant reports persistent low back pain with generalized discomfort. The applicant reportedly has had a good partial response to previous treatment. Limited lumbar range of motion with 4/5 lower extremity strength are noted. OxyContin, Lenza, and Medi-Patches are renewed. Norco is also renewed on request for authorization form of September 16, 2013. The applicant has permanent work restrictions in place. The applicant does not appear to be working with said limitations. In an earlier note of August 15, 2013, it is again stated that the applicant has sharp low back pain with generalized discomfort. The applicant has reportedly had a partial response to medications. Lenza, Medi-Patch, OxyContin, and Norco were all renewed at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 with 2 refills: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that the criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant has permanent work restrictions in place. There is no clear evidence of analgesia affected as a result of ongoing medication usage. There is no evidence of improved performance of activities of daily living affected as a result of ongoing Norco usage. Therefore, the requested Norco is not medically necessary at this time.

Lenza gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Daily Med website.

Decision rationale: Lenza is an amalgam of lidocaine and menthol. However, topical lidocaine is indicated only in the treatment of neuropathic pain in individuals who have proven recalcitrant to antidepressants and/or anticonvulsants. In this case, there is no evidence that the applicant has tried and/or failed first-line antidepressants and/or anticonvulsants. It is further noted that, as with the other medications, the applicant has been using this particular topical agent chronically and failed to derive any lasting benefit or functional improvement from the same. The applicant's unchanged permanent work restrictions and continued dependence on medications and medical treatments, taken together, implies a lack of functional improvement as defined in the MTUS. Therefore, the requested Lenza gel is not medically necessary or appropriate.

Medi Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28,111. Decision based on Non-MTUS Citation Daily Med website.

Decision rationale: Medi Patches are an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. One of the ingredients in the compound (capsaicin), however, is considered a last-line agent, per the MTUS Chronic Pain Medical Treatment Guidelines, to be considered only in those individuals who have not responded to and/or are intolerant to other treatments. In this case, there is no evidence that the applicant has proven intolerant to multiple classes of oral pharmaceuticals. The unfavorable recommendation on the capsaicin component of the cream results in the entire compound carrying an unfavorable recommendation, per the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the requested Medi Patches are not medically necessary or appropriate.

