

Case Number:	CM13-0045641		
Date Assigned:	12/27/2013	Date of Injury:	02/11/2013
Decision Date:	03/11/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 patient is a 50-year-old male who reported an injury on 02/11/2013. The mechanism of injury was a fall, resulting in a right knee medial meniscal tear and lumbosacral strain. The patient's treatment to date includes a knee immobilizer and back brace, 6 chiropractic treatments, multiple imaging studies, and medication management. An MRI of the right knee performed on 02/21/2013, did not find evidence of a meniscal tear; however, there was degenerative fraying of the meniscus present. An EMG of the bilateral lower extremities was performed on 08/12/2013, revealing no abnormalities; however, the NCS on the same date revealed right sural sensory neuropathy, otherwise within normal limits. Along with the musculoskeletal injuries, the patient had some oral damages as well. He was referred for a dental consult and his problems were addressed. The medical records submitted for review provide a discussion of a lumbar MRI performed; however, these results were not provided for review. Subsequent to the MRI report and clinical findings, the patient received a transforaminal epidural injection at the right L4-5 and L5-S1 levels. Although documentation was not included for review, the patient is noted to have failed conservative care including chiropractic, physical therapy, medication management, activity restrictions, and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone) 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Section on Opioids, pgs 74-95. Page(s): 74-95.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of opioids to treat chronic pain. Guidelines recommend that functional measurements be obtained at 6 month intervals, using a numerical scale or validated instrument; a thorough pain assessment should be performed at each clinical visit; and random urine drug screens should be performed. A thorough pain evaluation includes documenting the patient's current pain levels, the least reported pain since last assessment, the average pain levels, intensity of pain after taking the opioid, how long it takes for pain relief to begin, and how long the pain relief lasts. The clinical information submitted for review did not provide any evidence that the patient's functional abilities are being measured in response to his pain medication use. Furthermore, there was no evidence that a thorough pain assessment had been done, therefore, providing evidence of medication efficacy. As the patient's response to this medication has not been thoroughly assessed and documented, the medical necessity of the treatment cannot be determined at this time. As such, the request for Norco (hydrocodone) 10/325 mg is non-certified.

Biotherm (Capsaicin 0.002%) 120ml/4oz: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of topical analgesics primarily to treat neuropathic and osteoarthritic pain. Capsaicin in particular, is only recommended in a 0.025% formulation, as there is no evidence that an increase or decrease from this amount provides any further efficacy. The current topical pain medication includes a formulation of capsaicin of 0.002%, and is thereby not recommended by guidelines. As such, the request for Biotherm (capsaicin 0.002%) 120 mL/4 ounce is non-certified.