MAXIMUS Federal Services

Case Number:	CM13-0050448		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2008
Decision Date:	03/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/11/2013

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 Internal 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 patient is a 67-year-old female with a date of injury April 18, 2008, after tripping and falling. Her primary diagnosis is displacement of lumbar intervertebral disc. Mechanism of injury was trip, fall. A progress report from August 29, 2013 by [redacted] documented subjective complaints of low back pain, radiation to lower extremities, mid back pain, depression, right upper extremity pain and numbness, neck pain, left hand pain. Objective findings included abnormal gait, right ankle reflex 1/4, left ankle reflex 2/4, lumbar spasm, lumbar decreased range of motion, positive straight leg raise, thoracic tenderness, right hand atrophy and tenderness, right wrist decreased range of motion, positive right carpal tunnel compression test, right shoulder tender and decreased range of motion, neck tenderness and decreased range of motion. Diagnoses included right wrist fracture, right carpal tunnel, right shoulder strain, cervical strain with radiculopathy, depression, right lumbar radiculopathy, thoracic strain, and chronic pain. The treatment plan included Norco 10/325, Cymbalta 30mg, and Medrox Ointment 120gm. Opioid management issues were documented: pain medication relieves pain from 9/10 to 4-6/10, opioid medication allows patient to do activities of daily living, denies side effects, opioid medication only prescribed by one office, lasts over thirty days, no early refills. Progress Reports from October 15, 2013 and December 17, 2013 document continuing Norco, Cymbalta and Medrox Ointment. Utilization review dated September 20, 2013 by [redacted] recommended Non-Certification of the request for Norco and Medrox.

IMR ISSUES, DECISIONS AND RATIONALES

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

for Medrox ointment, 120gm: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as a whole. Medrox is a compound medication consisting of Methyl Salicylate, Menthol and Capsaicin. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Medical records indicated that the patient has had pain relief with and is tolerating both Norco and Cymbalta. Therefore, Capsaicin is not recommended. Thus, because Capsaicin is not recommended, Medrox topical (which contains Capsaicin) is not recommended. The request is non-certified.

Norco 10/325mg: Overturned

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 Opioids Section Page(s): 88-89.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends maintaining the dose of opioids when the medication is effective. Progress reports document that the patient has been prescribed Norco 10/325mg on August 29, 2013, October 15, 2013, and December 17, 2013 making the consumption rate less than 2 tablets daily. The progress reports also address opioid management issues. The Norco provides relief and allows the patient to perform activities of daily living, without side effects or evidence of abuse. The Norco usage is managed by the physician and is beneficial to the patient. Therefore, the request is certified.