

Case Number:	CM13-0052439		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2007
Decision Date:	03/21/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	11/15/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 38-year-old female who reported an injury on 10/05/2007. The patient was reportedly injured while lifting, pushing, and pulling linen during the course of her regular duties as a housekeeper. The patient is currently diagnosed with left hip strain with superior labral tear, lumbar strain with radiculopathy on the left, insomnia, depression, and coccygeal pain. The patient was seen by [REDACTED] on 08/27/2013. The patient reported bilateral hip pain, lower back pain, sleep difficulty, recurrent falls, left knee pain, coccygeal pain, right greater than left ankle pain, and right knee pain. Physical examination revealed decreased lumbar range of motion, moderate paralumbar muscle spasm, minimal swelling of the left knee, tenderness over the patellar region on the right, tenderness to palpation in the greater trochanter area on the left, and intact sensation. Treatment recommendations included continuation of current medication including Elavil, Norco, Medrox topical cream, ThermaCare patch, Ambien, and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and

functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain over multiple areas of the body. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

Medrox topical cream: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain over multiple areas of the body. Additionally, there is no evidence of failure to respond to first-line oral medication prior to the request for a topical analgesic. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.

ThermaCare patch #40: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain over multiple areas of the body. Additionally, there is no evidence of failure to respond to first-line oral medication prior to the request for a topical analgesic. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.