

Case Number:	CM13-0057290		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2013
Decision Date:	03/24/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 36-year-old male injured worker with a date of injury of February 6, 2013 with related pain in the front of the left shoulder and low back pain extending into the bilateral hips with numbness in the bilateral legs and tingling in the thighs/groin. The pain was constant and severe ranging up to 10/10. An MRI of the lumbar spine dated March 14, 2013 revealed congenital spinal stenosis; multilevel spondylosis; and facet arthropathy causing areas of central canal narrowing most severe at L4-L5. He has undergone surgery for rotator cuff problems on August 10, 2012. Treatment to date includes medications, physical therapy, and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5, one (1) to two (2) tablets every day, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines regarding on-going management of opioids "Four domains have been proposed as

most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal neither documentation to support the medical necessity of Norco nor sufficient documentation addressing the 4 domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The California MTUS guidelines consider this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, the Urine Toxicology Review Reports dated November 11, 2013 and August 12, 2013 found the injured worker negative for opiates prescribed to him. It is, however, noted in November 22, 2013 progress report that he does not need to take his Norco on a regular basis; pill counts should be instituted to ensure appropriate use. Without documentation of pain relief, functional improvement, and appropriate use, the request is not medically necessary.

Flexeril 7.5, one (1) twice a day, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cyclobenzaprine (Flexeril®)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The California MTUS recommends Cyclobenzaprine for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Review of the submitted medical records indicates that the injured worker has been treated with this medication since as early as February 2013. The patient is not being treated for an acute exacerbation of chronic back pain, and Cyclobenzaprine is only recommended for short-term use. The requested treatment is not medically necessary.

Menthoderm cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 105, 111-113.

Decision rationale: Menhoderm is a compound medication consisting of methyl salicylate and menthol. Methyl salicylate may have an indication for chronic pain in this context. The California MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the California MTUS guidelines, recommended topical salicylate is significantly better than placebo in chronic pain. However, the California MTUS guidelines, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not recommended, then the overall product is not recommended. Guidelines also state that only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. The recent Agency for Healthcare Research and Quality review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, the requested Menhoderm cream is not medically necessary or appropriate.