MAXIMUS Federal Services

Case Number:	CM13-0058222		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2010
Decision Date:	05/07/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 47 year old female who was injured on 2/9/09. The mechanism of injury is unknown. Prior treatment history has included Norco, Fexmid, Medrox, and chiropractic therapy. The patient underwent rhizotomy neurolysis on 7/15/13. The primary treating supplemental report dated 10/3/13 indicates that the patient reports 70% relief of back and hip pain after the lumbar facet rhizotomy. She currently rates her pain at 3/10. The patient has diagnoses of lumbar disc disease, lumbar facet arthropathy, and right sacroiliac joint arthropathy status post right sacroiliac joint injection. [redacted] has advised the patient the patient to continue with an aggressive home exercise program. She should continue walking and stretching. She should also continue with her present medications as needed. A qualitative drug screen was administered on 10/17/13. The patient tested for amphetamines, barbiturates, benzodiazepines, methadone, narcotics, opiates, Oxycodone, propoxyphene, sedative/hypnotic agents, and for illicit substances. The urine sample was negative for amphetamines, barbiturates, benzodiazepines, methadone, narcotics, opiates, Oxycodone, propoxyphene, sedative/hypnotic agents, and illicit substances, as well as for the use of unauthorized medications. The PR-2 dated 11/26/13 states that the patient continues to complain of persistent numbness and tingling in the bilateral hands. She is having flare ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 91.

Decision rationale: Norco is generally considered a second-line intervention. The medical records do not establish failed attempts to address pain with non-opioid analgesics such as NSAIDs or acetaminophen, etc., and non-pharmacologic methods such as ice/heat, HEP, and activity modification. Further, objective functional benefit and pain reduction derived from Norco is not established. Therefore, Norco is non-certified.

MEDROX 120ML FOR BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: This is a request for Medrox, a topical product that contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. According to the California MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical NSAIDs may be recommended to treat osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks) as benefit appears to diminish over time, and there are no long-term studies of efficacy. However, the patient appears to be using this medication on a chronic basis. With regard to capsaicin, it may be recommended as an option for patients who have not responded or are intolerant to other treatments, which is not established in this case. In addition, the guidelines state there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Medical necessity has not been established. Medrox is non-certified.