

Case Number:	CM13-0061081		
Date Assigned:	12/30/2013	Date of Injury:	04/02/2009
Decision Date:	05/09/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine and Rehabilitation 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 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 injured worker is a 53 year-old female who reported an injury on 04/02/2009. The mechanism of injury was not provided for review. The injured worker's treatment history included medications, a TENS unit, massage therapy, and injection therapy. The injured worker was seen by a pain management specialist for a medication refill on 09/27/2013. It was documented that her pain was rated at a 6/10 to 9/10. The injured worker's medications included Norco, Mobic, and Ultracin. The injured worker complained of neck and upper extremity pain. The injured worker's treatment plan included displaced cervical intervertebral disc, pain in joint shoulder, and opioid dependence. The injured worker's treatment plan included a refill of medications, acupuncture, and follow-up treatment with the pain management office.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-77,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT, OPIOIDS Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of functional benefit or pain relief related to the injured worker's medication usage. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be appropriate. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #180 is not medically necessary or appropriate.

MOBIC 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN AND NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS Page(s): 60,67.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend non-steroidal anti-inflammatory drugs in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends that the ongoing use of medications and the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of pain relief. Additionally, there is no documentation of functional benefit. Therefore, continued use of this medication would not be supported. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Mobic 7.5 mg #60 is not medically necessary or appropriate.

OFFICE VISIT; MEDICATION REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The OFFICIAL DISABILITY GUIDELINES (ODG), INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, PAIN (CHRONIC), OFFICE VISITS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, OFFICE VISITS

Decision rationale: The requested office visit for medication refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically identify the need for office visits. Official Disability Guidelines recommend office visits for patients who require ongoing monitoring of medications used in the management of chronic pain. However, as

the clinical documentation does not support ongoing use of medications a follow-up appointment would not be appropriate. As such, the requested office visit for medication refills is not medically necessary or appropriate.

ULTRACIN 0.025 MG #120: Upheld

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

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

Decision rationale: The requested medication is a compounded topical medication that contains methyl salicylate, Menthol and Capsaicin. California Medical Treatment Utilization Schedule does support the use of Methyl Salicylate and Menthol in the management of osteoarthritic pain. However, California Medical Treatment Utilization Schedule recommends that capsaicin as a topical analgesic be reserved for injured workers who have failed all first line treatment for chronic pain management. The clinical documentation does not indicate that the injured worker has failed a trial of first line medications to include anti-depressants or anti-convulsants. The need for capsaicin as a topical agent is not clearly established. Additionally, the request as it is submitted does not include a body part for application or a frequency of treatment. Therefore the appropriateness of the request itself cannot be determined. As such, the requested Ultracin 0.025 mg #120 is not medically necessary or appropriate.