

Case Number:	CM13-0064750		
Date Assigned:	01/03/2014	Date of Injury:	03/07/2013
Decision Date:	06/20/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine 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 63-year-old female who reported an injury on 03/07/2013 due to moving heavy bins in from the rain. The injured worker reportedly sustained an injury to her back and abdominal wall and bilateral upper ribs. The injured worker's treatment history included medications, physical therapy, and activity modifications. The injured worker was evaluated on 11/19/2013. Evaluation of the thoracic spine revealed tenderness to palpation of the paraspinal musculature with muscle spasming and decreased deep tendon reflexes of the bilateral ankles. The injured worker's diagnoses included disc bulges at the T8 and T9, low back pain, bilateral shoulder, bilateral elbow, and bilateral wrist strains, and thoracic facet arthropathy. The injured worker's medications included Norco 10/325 mg which was reduced to 5/325 mg. It was documented that the injured worker was engaged in a pain management agreement and was routinely for aberrant behavior with urine drug screens. The request was made for Medrox lotion 120 gm and Ultracet 37.5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX LOTION 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 Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested medication is a compounded medication that contains menthol, methyl salicylate, and capsaicin. The clinical documentation submitted for review does indicate that the injured worker would like to reduce her medication intake. However, California Medical Treatment Utilization Schedule does not recommend the use of capsaicin unless the injured worker has failed to respond to all other first line chronic pain management treatments. There is no documentation that the injured worker has failed to respond to anticonvulsants or antidepressants in an oral formulation and would require a topical analgesic. There is no documentation that the injured worker is intolerant of oral analgesics. Although California Medical Treatment Utilization Schedule does recommend menthol and methyl salicylate in the management of osteoarthritic pain, in the absence of a failure to respond to first line medications, the use of this medication would not be supported. As such, the requested Medrox solution 120 gm is not medically necessary or appropriate.

ULTRACET 37.5/325MG #30: 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 Chronic Pain Medical Treatment Guidelines Opioids, Initiating Therapy, Page(s): 77.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has been on opioid therapy since the initial injury. California Medical Treatment Utilization Schedule does not recommend opioid therapy as a first line treatment for chronic pain. The clinical documentation fails to provide any evidence that the injured worker has failed to respond to first line medications in the management of chronic pain to include oral antidepressants or oral anticonvulsants. Therefore, the use of an opioid would not be supported. As such, the requested Ultracet 37.5/325 mg #30 is not medically necessary or appropriate.