

Case Number:	CM13-0066396		
Date Assigned:	01/08/2014	Date of Injury:	06/04/2003
Decision Date:	04/15/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/16/2013

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 Interventional Spine 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 53 year old female with date of injury or 06/04/2003. The listed diagnoses per [REDACTED] dated 11/25/2013 are: 1. Lumbar Degenerative Disc Disease 2. Spondylolysis According to progress report dated 11/25/2013 by [REDACTED], the patient presents with low back pain with left lower extremity pain and right leg weakness. She reports dull discomfort about 5/10 mainly in the low back and buttocks especially in the left side with some radiation down her thigh. She is taking Norco, Soma and Mobic when needed to help control her pain. They do give her a little bit of relief. Examination reveals tenderness in the left side of her lower lumbar spine. She can flex to within a foot of the ground. She is able to heel and toe walk. Strength is 5/5 distally. The treater is requesting Medrox cream, Soma and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: This patient presents with chronic back pain. The treater is requesting a refill for Mobic. Utilization review dated 12/11/2013 authorized a short course of Mobic, not to exceed 60 days. MTUS page 22 does allow for the use of NSAIDs for chronic low back pain, although in other places, it is recommended for short-term use only. MTUS Guidelines p60 and 61 require evaluation of the effect of pain relief in relationship to improvements in function and increased activity when using medications for chronic pain. Review of reports from 10/28/2013 to 11/25/2013, does not provide any documentation that Mobic is changing this patient's pain level, or improving function. Without specifically addressing this medication efficacy, on-going use of any medication for chronic pain is not recommended per MTUS. Recommendation is for denial.

Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: This patient presents with chronic back pain. The treater is requesting a refill for Soma a muscle relaxant." MTUS guidelines p29 states: ""Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance)."" Review of reports from 10/28/2013 to 11/25/2013 shows that the patient has been on carisoprodol since 11/01/2013. The treater does not indicate that this medication is to be used for short-term only. Recommendation is for denial.

Medrox cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29; 111.

Decision rationale: This patient presents with chronic back pain. The treater is requesting Medrox cream for pain relief. Utilization review dated 12/11/2013, denied the request stating that "Base on the MTUS, and absent documentation of medical necessity to justify Capsaicin in a 0.0375% formulation, the request for Medrox will be denied." MTUS page 111 to 113 states for topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states that for Capsaicin "there have been no studies of a 0.0375% formulation of capsaicin and that there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Medrox cream is a compounded topical analgesic containing menthol 5%, capsaicin 0.0375%, and Methyl Salicylate, an NSAID. In this case, the capsaicin is not recommended above 0.025% concentration and topical Salicylate is recommended only for peripheral joint arthritis/tendinitis.

This patient does not present with peripheral joint pain, but suffers from chronic back pain with radiculopathy. Recommendation is for denial.