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| Case Number: | CM13-0070026 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 03/03/2010 |
| Decision Date: | 04/21/2014 | UR Denial Date: | 11/18/2013 |
| Priority: | Standard | Application Received: | 12/20/2013 |

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 47 year old male with date of injury of 03/03/2010. According to progress report dated 11/11/2013 by [REDACTED], the patient presents with low back pain. He rates his pain 6/10. He stopped physical therapy because it was causing vertigo. The medications help and he needs refills. He also has returned to work. Physical examination shows positive lumbar-sacral tenderness. Lumbar spine range of motion is decreased about 30%. The treating physician also reviewed X-ray and MRI of the lumbar spine showing mild multilevel spondylosis and degenerative disc disease with bulge at L2/3 and L3/4. He takes Norco, Fexmid, Ultram and Methoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM OINTMENT 120ML PROVIDED 11/11/13: Upheld

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

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

Decision rationale: MTUS guidelines states that topical analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. MTUS further states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Mentherm is a combination methyl salicylate. MTUS supports use of topical NSAID for peripheral joint arthritis and tendinitis. In this case, the patient suffers from chronic low back pain and does not present with peripheral joint issues. Recommendation is for denial.

NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: For chronic opiate use, MTUS Guidelines require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Review of records show that the patient has been using hydrocodone since 2010. None of the reports show any discussion regarding the patient's function such as return to work or ADL's. None of the reports discuss the outcome measures required by MTUS. There are no before and after pain scales and no use of validated instrument to measure functional changes. Given the lack of sufficient documentation, demonstrating efficacy from chronic opiate use, ongoing use of this opiate cannot be authorized and the patient should be weaned off of Hydrocodone as outlined in MTUS Guidelines. Recommendation is for denial.