MAXIMUS Federal Services

Case Number:	CM14-0001453		
Date Assigned:	01/22/2014	Date of Injury:	11/28/2012
Decision Date:	03/28/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation , has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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:

Patient is a 22 year old male patient who had industrial injury on Nov 27,2012. He was loading a truck with heavy boxes and felt sharp pull on his right side of lower back. The low back has been accepted by the carrier. His diagnoses include lumbar spine sprain/strain.2. Low back pain with radicular symptoms to right lower extremity, cervical spine and lumbar spine herniated nucleus pulposes On an MRI dated 1/30/13 there are findings of disc protrusions and annular tears at L4-L5, L5-S1 with moderately severe spinal stenosis at L4-L5. There are requests for Naproxen Sodium 550mg, Methyl-C 20/5/0.0375 transderm, Amitriptyline HCL 25 mg, Tramadol HCL ER 150mg. A 9/11/13 primary treating physician note revealed that patient denies any pain in his neck at this point in time. He continues to complain of low back pain radiating to the right leg. On a scale of 0 to 10 (when 0 is no pain and 10 Is the worst pain) he rates the severity of his low back pain as 4 to 5 without medications or therapy, and 3 to 4 with the aid of medications only. Physical examination of the cervical spine demonstrates point tenderness to palpation over the paraspinal muscles on the right and medial aspect of the upper trapezius muscles. Examination of the lumbar spine demonstrates tenderness to palpation more pronounced over the paraspinal muscles on the right. Patient is on modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methyl-C 20/5/0.0375 transderm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin topical, Topical analgesics, Salicylate topical Page(s): 28,111-113 &105.

Decision rationale: Methyl-C 20/5/0.0375 transderm is not medically necessary. This is a patch that contains Methyl salicylate, menthol, and capsaicin(0.0375) in a transdermal patch. The MTUS states that in regards to capsaicin there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay in the MTUS which has menthol in it and is medically used per MTUS for chronic pain. Salicylate topical are recommended in the MTUS. Furthermore, there is no time limited quantity of this medication requested which would not be consistent with a functional restoration treatment plan that is recommended by the MTUS. The request for Methyl-C 20/5/0.0375 transderm is not medically necessary and appropriate.

Amitriptyline HCL 25 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, Antidepressants,Part 2 - Pain Interventions and Treatments amd Functional Restor.

Decision rationale: Amitriptyline HCL 25 mg is not medically necessary per MTUS guidelines. Amitriptyline HCL is a tricyclic antidepressant. Per the MTUS guidelines tricyclics are generally considered a first-line agent for neuropathic pain unless they are ineffective, poorly tolerated, or contraindicated. There is no medical note accompanying the original 12/12/13 request for authorization clearly stating why this medication is being requested. The request does not specify a quantity of Amitriptyline. The MTUS states that it is important for the patient's provider to design a treatment plan that explains the purpose of each component of the treatment. Furthermore, demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. Without a specific quantity and clearly stated reason for this medication the request for Amitriptyline HCL 25 mg is not medically necessary and not certified.