

<b>Case Number:</b>	CM14-0004138		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/20/2004
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported an injury on 01/20/2004 due to a slip and fall. On 12/05/2013, the injured worker presented with 6 out of 10 pain. Upon examination there was normal reflex, sensory and power testing to the bilateral upper and lower extremities. There was a negative straight-leg raise and bowstring test bilaterally and a normal gait. There was positive cervical and lumbar tenderness, decreased range of motion to the cervical spine and lumbar spine. Negative femoral and Spurling's test. Current medication included Norco, Fexmid and Ultram. The diagnoses were chronic pain syndrome and long history of multiple injuries to numerous body parts. The provider recommended Methoderm, Norco, Fexmid and Ultram. The provider's rationale is not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED RETRO MENTHODERM BID # 120 ML:** 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 TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** MTUS Guidelines state that transdermal compounds are experimental in use and there are no controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended for use. There is little to no research to support the use of many of these agents. The provider's request for Methoderm does not indicate the frequency or the site that the medication was intended for. Additionally, there is no evidence that the injured worker had failed the trial of an antidepressant or anticonvulsants. As such, the request is not medically necessary.

**RETRO NORCO 10/325, MG #90:** 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 OPIOIDS, CRITERIA FOR USE Page(s): 78.

**Decision rationale:** MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is a lack of evidence of an objective assessment as the injured worker's pain level, functional status, evaluation of risk for drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 09/2013. The efficacy of the medication was not provided. As such, the request is not medically necessary.

**RETRO FEXMID 7.5MG, #120:** 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 MUSCLE RELAXANTS FOR PAIN Page(s): 63.

**Decision rationale:** MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations. They show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) and pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medication in this class may lead to dependence. The injured worker has been prescribed Fexmid since at least 01/2014. The efficacy of the medication was not provided. Additionally, the guidelines recommend Fexmid for short-term treatment. The request for additional Fexmid 7.5 mg with a quantity of 120 exceeds the guideline recommendations for short-term therapy. The provider's request also does not indicate the frequency of the medication. As such, the request is not medically necessary.

**RETRO ULTRAM 150 MG QD, # 60:** 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 OPIOIDS, CRITERIA FOR USE.

**Decision rationale:** MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is a lack of evidence of an objective assessment as the injured worker's pain level, functional status, evaluation of risk for drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 09/2013. The efficacy of the medication was not provided. As such, the request is not medically necessary.