

<b>Case Number:</b>	CM14-0102525		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/03/2003
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Occupational Medicine and is licensed to practice in Cali. 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 applicant has filed a claim for chronic chest wall, mid back, low back, and rib pain reportedly associated with an industrial injury of October 3, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; initial placement of a chest tube following development of a posttraumatic pneumothorax at the outside of the claim; opioid therapy; psychological counseling; and transfer of care to and from various providers in various specialties. The applicant's attorney subsequently appealed. In a medical-legal evaluation of February 27, 2004, it was suggested that the applicant was not working at that point in time. In a July 15, 2014 progress note, the applicant reported persistent complaints of rib, abdominal wall, and chest wall pain, 5/10. The applicant was given refills of Naprosyn, Norco, Soma, omeprazole, ThermaCare heat patches, and Methoderm. The applicant was asked to perform home exercise as tolerated. The applicant was permanent and stationary. It did not appear that the applicant was working. There was no discussion of medication efficacy. In a May 28, 2014 prescription form, the applicant was given prescriptions for Naprosyn, Omeprazole, and Methoderm. On a May 28, 2014 progress note, the applicant again presented with persistent complaints of 5/10 multifocal abdominal wall and chest wall pain. The applicant was given refills of Norco, Naprosyn, Soma, Omeprazole, and ThermaCare. It was stated that omeprazole was being employed both for GI upset and for GI protective purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Methoderm gel 4oz. #120gm.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Menthol; Salicylate topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic Page(s): 105-7.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of salicylate topicals such as Mentherm in the treatment of chronic pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant did not appear to be working. The attending provider has not raised or discussed the topic of medication efficacy on several recent progress notes, referenced above. Ongoing usage of Mentherm has failed to curtail the applicant's reliance on opioid medications, such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Mentherm usage. Therefore, the request is not medically necessary.

**Prospective request for 1 prescription of Norco 10/325mg.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lortab, Margesic-H, Maxidone, Norco, Stagesic, Vicodin, Xodol, Zydone:generics available); Criteria For Use Of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work with permanent limitations in place. The attending provider has not outlined any tangible or material improvements in pain or function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

**Prospective request for 1 prescription of Soma 350mg #40.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol); Weaning of Medications.

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

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes,

particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using Norco. Adding carisoprodol or Soma to the mix for the long-term, scheduled use purposes for which is being proposed here is not indicated. Therefore, the request is not medically necessary.

**Prospective request for Unknown prescription of Thermacare patch.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-5, page 174.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-5, page 174, at home local applications of heat packs such as the ThermaCare wraps being sought here are recommended as methods of symptom control for neck and upper back complaints, as are present here. While the attending provider has not specifically discussed the efficacy of the ThermaCare heat patches in question, these items are low risk, over-the-counter items which can be used as methods for symptom control for upper back pain complaints, as suggested by ACOEM. Therefore, the request is medically necessary.