

Case Number:	CM14-0010303		
Date Assigned:	02/21/2014	Date of Injury:	06/29/2011
Decision Date:	07/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 57-year-old male who has submitted a claim for multilevel degenerative discogenic changes with multilevel central canal stenosis, C5-C6 disc bulge with severe left foraminal narrowing, C6-C7 disc bulge with moderate left and mild right foraminal narrowing, bilateral shoulder moderate to severe supraspinatus tendinosis and bursal surface fraying, tendinosis of the subscapularis tendon, and degenerative tearing in biceps anchor without detachment of both shoulders associated with an industrial injury date of June 29, 2011. Medical records from 2012-2013 were reviewed. The patient had persistent posterior neck pain with radiation to the right upper trapezius and lateral aspect of the left upper arm to the elbow. There is also perceived weakness in the left upper extremity. Physical examination of the cervical spine revealed bilateral paracervical muscle and upper trapezius muscle tenderness. His range of motion has limited flexion beyond 45 degrees. There is pain with rotation beyond 30 degrees bilaterally. Brachial tension was positive on the left for pain radiating to the deltoid region. There is decreased grip strength as well as biceps flexion to 4/5 on the left compared to 5/5 on the right. Sensation was intact on both upper extremities. MRI of the cervical spine, dated April 23, 2012, showed that on C5-C6: left paracentral disc protrusion measuring 4-5mm; asymmetric narrowing of the thecal sac with mild displacement of the cervical cord posteriorly and towards the right side; partial effacement of the CSF anterior to the cord adjacent to the disc protrusion; severe narrowing of the left neural foramina and mild narrowing of the right neural foramina; and degenerative changes were noted in the posterior facet joints. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, activity modification, chiropractic therapy, home exercise program, acupuncture, and cervical epidural steroid injections. Utilization review, dated January 15, 2014, denied the request for Bio-therm (Methyl Salicylate Menthol Capsaicin) 4oz x 2 because Capsaicin is not approved and the

medication is being used for chronic pain. The request for Tylenol (Codeine 30/Acetaminophen 300) 1-2 tab PO q6hrs prn #60 was denied as well because there was no documentation of appropriate use, screening of side effects and discussion regarding weaning schedules over time.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO-THERM (MENTHYL SALICYLATE MENTHOL CAPSAICIN) 4OZ X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS, TOPICAL ANALGESICS Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin topical, Salicylate topicals, Topical analgesics Page(s): 28-29,105,111-113.

Decision rationale: Page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Their use is primarily recommended for neuropathic pain. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Bio-Therm topical cream contains the following active ingredients: Methyl Salicylate 20%, Menthol 10%, and Capsaicin 0.002%. ODG Pain Chapter states that topical pain relievers that contain menthol, methyl salicylate, and capsaicin may in rare instances cause serious burns. Page 105 of the CA MTUS states that salicylate topicals are significantly better than placebo in chronic pain. Page 28-29 states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, the patient has been using Bio-Therm topical cream since December 2012. The documented rationale for use was for his chronic neuropathic and musculoskeletal pain and for him to decrease his dependence on oral medications. However, it was not documented whether the patient had failed oral medications or was intolerant to them. Furthermore, there were no documented functional gains from its use. The compounded medication contains drug classes that are not recommended and there is no discussion regarding the need for variance from the guidelines. Therefore, the request for two (2) Bio-Therms (Menthyl Salicylate Menthol Capsaicin) 4oz was not medically necessary.

TYLENOL (CODEINE 30/ACETAMINOPHEN 300) 1-2 TAB BY MOUTH EVERY 6 HOURS AS NEEDED #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Opioids Page(s): 35,78-80.

Decision rationale: Tylenol is a brand name for acetaminophen with codeine. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 35, codeine is recommended as an option for mild to moderate pain. Page 80 states that opioids appear to be efficacious for chronic

back pain but limited for short-term pain relief. There is no evidence to recommend one opioid over another. Some of the cardinal criteria for continuation of opioid therapy include evidence of improved function, reduced pain, and /or successful return to work. In addition, according to pages 78-79, chapter on opioids, documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are required for patients on chronic opioid therapy. In this case, the patient was prescribed opioids, Tramadol and Norco, on March 2012 and March 2013, respectively. The medical records submitted did not indicate the medication history of the patient with regards to Tylenol. It is not known whether the patient is currently taking Tylenol or not. There was no documentation of functional improvement, adverse effects, and any aberrant drug-related behaviors. There was also no indication of plans to taper the medication dosage over time. The most recent progress report was July 2013. The current status of the patient is unknown. Therefore, the request for Tylenol (Codeine 30/ Acetaminophen 300) #60 was not medically necessary.