

Case Number:	CM14-0011028		
Date Assigned:	06/04/2014	Date of Injury:	11/01/2008
Decision Date:	08/05/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/23/2014

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, and is licensed to practice in California and Washington. 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 39-year-old male who reported an injury on 11/01/2008 due to falling off a ladder while painting. On 07/11/2013, the injured worker presented with severe onset of lower back pain. Upon examination, there was lower extremity tenderness with spasm to the lumbar spine. Current medications included Flexeril, Protonix, Voltaren gel, Norco, Ultram, Terocin, and Methoderm gel. The diagnoses were sprain lumbar region, lumbar/lumbosacral disc degeneration and lumbar disc displacement. The provider recommended a retrospective Norco 5/325 mg and retrospective Methoderm gel 120 gm with a quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NORCO 5/325MG #60 X2, DOS 11/14/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for retrospective Norco 5/325mg #60 X2, DOS 11/14/13 is not medically necessary. The California MTUS Guidelines state opioids are recommended with 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 lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The injured worker has been prescribed Norco since at least 10/2013, the efficacy of the medication was not provided. Additionally, the provider does not indicate the frequency of the requested medication. As such, the request is not medically necessary.

RETROSPECTIVE MENTHODERM GEL 120GM #1 X2, DOS 11/14/13: Upheld

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

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

Decision rationale: The request for Retrospective Mentherm Gel 120gm #1 times 2, DOS 11/14/13 is not medically necessary. The California MTUS Guidelines state many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, iatrogenic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, Y agonists, prostanoids, bradykinin, and adenosine triphosphate, biogenic amines, and growth nerve factor. There is little research to support the use of many of these agents. The included documentation indicates that the injured worker has been prescribed Mentherm gel since at least 10/2013, the efficacy of the medication was not provided. Additionally, the provider's request does not indicate the site at which the Mentherm gel was indicated for. As such, the request is not medically necessary.