MAXIMUS Federal Services

Case Number:	CM14-0011536		
Date Assigned:	05/16/2014	Date of Injury:	08/12/2001
Decision Date:	07/21/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/29/2014

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 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:

This is a 55-year-old female with a 8/12/01 date of injury. The mechanism of injury was not noted. On 11/22/13, the patient stated that she returned to work, her pain had increased, and her medications that used to help her are no longer working. A mandatory drug screen was ordered. Upon physical exam, she had normal reflex and sensory and power testing of her bilateral upper and lower extremities except for weakness and numbness bilaterally at S1. She had a positive straight leg raise and bowstring bilaterally and a light antalgic gait. Her lumbar spine range of motion was also decreased by 50%. Diagnostic impression: Disc bulge (L4-5), status post lumbar decompression and fusion, probable solid fusion.Treatment to date (medication management, activity modification):A UR decision dated 12/12/13 denied the request for Percocet. The current request does not identify dosage and frequency being prescribed. Documentation does not identify measurable analgesic benefit with the use of opioids (pain rated at 8/10 and patient reports medications are not working anymore) and there is no documentation of functional/vocational benefit with ongoing use. There is no documentation of a signed opiate agreement. Urine Drug Screen on 11/22/13 indicates patient tested negative for lorazepam, suggestin non-compliance with that medication. Ongoing use of chronic opioids is not supported in the current clinical setting. Menthoderm was also denied because the documentation does not include components of the compound topical medication. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. It is documented in a 11/22/13 progress note that the patient's medications that used to help her are no longer working. Guidelines do not support continued opiate use when functional improvement is not documented. Furthermore, this request does not specify the quantity. Therefore, the request for Percocet was not medically necessary.

MENTHODERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment 9792.24.2 (page 105, 111-113) Page(s): 105, 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There is no clear rationale for using this medication as opposed to supported alternatives. Therefore the request for Menthoderm was not medically necessary.