

Case Number:	CM14-0012486		
Date Assigned:	02/21/2014	Date of Injury:	01/02/2013
Decision Date:	10/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	01/30/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 24year old woman with a work related injury dated 1/2/13 resulting in chronic cervical and lumbar spine pain with headaches. The diagnoses include status post blunt head trauma with associated cephalgia, chronic cervical myofascial strain and chronic lumbar myofascial strain. The patient was evaluated by the primary treating physician on multiple occasions including 8/29/13, 10/4/13, 11/26/14 and 12/26/13. On 12/26/13 it is documented that the patient continues to complain of constant and persistent cervical and lumbar spine pain with headaches that she states cause her to get nauseous and she does vomit on occasion. She is awaiting the status for a neurological consultant appointment. The naproxen and Bio-therm decrease the pain from 9/10 to 7/10. The exam shows decreased range of motion of the cervical and lumbar spine with tenderness to the paraspinal muscles. There was decreased strength on the right at 4/5 at C5, C6, C7 and C8. The treatment plan includes continued use of Naproxen at 550mg twice daily and topical Biotherm 2-3 times daily. Under consideration is the continued use of Anaprox (Naproxen) 550mg twice daily and Biotherm topical analgesic two to three times daily. Both were denied during utilization review dated 1/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg. 1 every 12 hours with food # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69 AND 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case there is no documentation that the lowest dose of Naproxen (which is an NSAID medication) has been tried and ineffective. The continued use of Naproxen 550mg twice daily is not medically necessary.

Biotherm 4 oz. (Methyl Salicylate 20%, Menthol 10%, Capsaicin 0.002%) apply to affected area 2-3 x every day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics Page(s): 105, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Biotherm 4oz is a topical analgesic cream consisting of methyl salicylate 20%, menthol 10 %, and capsaicin cream 0.002%. According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. With regards to methyl salicylate, it is recommended for use in the MTUS for chronic pain as it is significantly better than placebo. The MTUS is silent regarding menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is not documented in the medical record if the patient has tried and failed first line treatment for chronic pain including antidepressant and anticonvulsant medications. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. Therefore the continued use of Biotherm topically is not medically necessary.