MAXIMUS Federal Services

Case Number:	CM14-0132002		
Date Assigned:	09/03/2014	Date of Injury:	05/23/2013
Decision Date:	10/08/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 Tennessee. 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 36-year-old male with a 5/23/13 date of injury. The mechanism of injury occurred when he was riding as a passenger in a vehicle, and the driver backed up into a light pole causing him a jolt to his body. He experienced immediate pain to his neck and lower back. According to a 7/24/14 progress report, the patient complained of pain located in this neck and right shoulder. His pain has improved with ice, non-steroidal anti-inflammatory drugs (NSAIDS), rest, and heat application. He rated his pain level as 6/10. Objective findings: tenderness to palpation of paralumbar spine, limited range of motion (ROM) of lumbar spine, sensation intact through all dermatomes, tenderness and burning of cervical spine, tenderness to palpation of trapezial area with muscle spasms noted, cervical spine ROM restricted. Diagnostic impression: cervical disc displacement, degeneration of cervical intervertebral disc, cervical radiculitis, low back pain, lumbar disc displacement, lumbar radiculopathy. Treatment to date: medication management, activity modification. A UR decision dated 7/24/14 denied the requests for Diclofenac ER 100mg and Menthoderm gel. Regarding Diclofenac, considering the patient's complaints are limited to the spine, the requested topical is not appropriate and therefore not medically necessary. Regarding Menthoderm, the compounded medication contains lidocaine which is not supported in a cream form.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Diclofenac Sodium ER 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory agents).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when non-steroidal anti-inflammatory drugs (NSAIDs) are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, Official Disability Guidelines (ODG) states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. There is no documentation that the patient has had a trial and failed a first-line NSAID. A specific rationale identifying why the patient requires this medication as opposed to other NSAIDs was not provided. Therefore, the request for 120 Diclofenac Sodium ER 100mg was not medically necessary.

Menthoderm Gel #120: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (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. A specific rationale identifying why the patient requires this brand name product instead of an over-the-counter formulation was not provided. Therefore, the request for Menthoderm Gel #120 was not medically necessary.