

Case Number:	CM14-0139926		
Date Assigned:	09/08/2014	Date of Injury:	10/12/2013
Decision Date:	10/03/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/28/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 54 year-old female who sustained a work injury on 10/12/13, while working as a nurse in a cardiac catheterization unit; she was struck by a fluoroscope causing her to a wrench her back and twist her left knee. She tried to return to work but had increased symptoms when wearing protective lead. She has a past medical history of polycystic ovary syndrome, obesity, hepatitis C which has been treated, and a hiatal hernia. She was seen by the requesting provider on 02/13/14. She had a history of a prior lumbar injury in 2012 with residual left lateral leg numbness. She had L4-5 degenerative spondylolisthesis with an L2-3 disc herniation. She had symptoms of a left sided lumbar radiculopathy. She had been busy with work and had not been able to perform physical therapy. There was a normal motor exam. She was referred for physical therapy. She was evaluated for physical therapy on 03/12/14. She had a diagnosis of L5-S1 spondylolisthesis. She was having symptoms consistent with sacroiliac joint pain and numbness of the leg with difficulty sitting. She was working. Physical examination findings included decreased lumbar spine range of motion with lower extremity weakness and positive straight leg raise. As of 04/02/14 she had improved. In follow-up she had back pain rated at 4/10 and left lower extremity numbness and aching. Medications were Norco 10/325 mg, Advil 600 mg, and Vitamin D. Physical examination findings included decreased lumbar spine range of motion with pain. There was decreased left lower extremity strength and sensation with positive left Patrick and Fabere testing and a positive left straight leg raise. There was left sciatic notch and sacroiliac joint tenderness and positive compression testing. Authorization for left L2-3 and L4-5 transforaminal epidural steroid injections was requested. Percocet 5/325 mg, tramadol ER 150 mg, Naproxen 550 mg, Menthoderm, and Pantoprazole 20 mg, were prescribed. There was consideration of additional testing and injections. On 09/05/14, she was having ongoing

symptoms. She was being evaluated for possible multiple sclerosis. There had been pain relief when taking tramadol. She was continuing to take naproxen. Pain was rated at 5/10. Physical examination findings included appearing in moderate distress and she was tearful. She had low back pain with limited and painful lumbar spine range of motion. There was left groin tenderness. She had ongoing left lower extremity weakness with decreased sensation. There were positive Patrick, Fabere, and piriformis stretch tests. She had left lumbar paraspinal muscle and sacroiliac joint tenderness. Authorization for an MRI was requested. Tramadol ER 150 mg and naproxen 550 mg were prescribed. Cymbalta was started. She was to increase Percocet up to two times per day. She was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. She has not returned to work. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed on a long term basis. The claimant has not returned to work and there is no evidence of progress towards a decreased reliance on medical care or return to work plan. The claimant meets criteria for discontinuing opioid medication. The request for Percocet 5/325mg is not medically necessary.

Pantoprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Specific Drug List & Adverse Effects Page(s): 68,70.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. She has not returned to work. Medications include naproxen 550 mg being prescribed on a long term basis. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. She is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. She has been prescribed a nonselective non-steroidal anti-inflammatory medication at the recommended dose. Guidelines do not recommend that a proton pump inhibitor such as Omeprazole be prescribed. The request for Pantoprazole 20mg is not medically necessary.

Menthoderm #2 bottles: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Topical Analgesics Page(s): 60, 111-113.

Decision rationale: Menthoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Indications include treating patients with conditions such as chronic back pain. In this case, the claimant has chronic low back pain and has not responded to other conservative treatments. Therefore, the Menthoderm is medically necessary.