

<b>Case Number:</b>	CM14-0148928		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/06/2005
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 69 year old male employee with date of injury of 6/6/2005. A review of the medical records indicate that the patient is undergoing treatment for cervical musculoligamentous strain/sprain, cervical spine disc protrusion with radiculopathy (per patient history), lumbosacral musculoligamentous strain/sprain, lumbosacral spine disc protrusion with radiculopathy (per patient history). . Subjective complaints include neck pain and low back pain. Neck pain radiates in pattern of C6 and C7 dermatomes. Lower back pain radiates in pattern of bilateral L4 and L5 dermatomes. Neck pain is rated 7/10; low back pain 8/10. Objective findings include physical exam revealing tenderness and spasm in neck and lower back; trigger points in the cervical spine; restricted range of motion; cervical compression test is positive. There is tenderness of palpation over paraspinal muscles and spasm of the lumbar spine with restricted range of motion. Treatment has included physical therapy, trigger point injections, and shockwave therapy. Medications have included menthoderm and Vicodin. The utilization review dated 9/3/2014 non-certified the requests for Norco 5-325mg #60 and Menthoderm Gel 240gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5-325mg #60:** 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Norco 5-325 mg is not medically necessary.

**Menthoderm Gel 240gm:** 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Menthoderm Gel 240gm is not medically necessary.