

Case Number:	CM14-0157627		
Date Assigned:	09/30/2014	Date of Injury:	05/09/2013
Decision Date:	10/28/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/25/2014

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:

Injured worker is a male with date of injury 5/9/2013. Per primary treating physician's progress report dated 9/1/2014, the injured worker presents with persistent pain in the neck rated 4/10, frequent but it has improved. He reports lower back pain rated 6-7/10, frequent and the same. He reports bilateral hand pain rated 3/10 and the same. Cervical spine pain is radiating into the bilateral shoulder and lumbar spine pain is radiating into the bilateral leg. He takes Norco that helps his pain from 7/10 to 3/10. He has also been taking medication from his psychologist for anxiety, stress, and depression. He is also currently doing chiropractic treatment for his lower back. He has only gone once and they put him on traction. They wanted him to do traction for 15 minutes, and he did 5 minutes and ended up nauseous and vomiting. He is currently not working. He does ambulate with a walker. Pain is made better with rest and medications, and worse with activities. Examination of the cervical spine revealed decreased range of motion. There was tenderness over the paraspinals equally. There was tenderness over the suboccipital region. There was decreased strength and sensation 4/5 bilaterally at C5, C6, C7, and C8. Deep tendon reflexes were 2+ at brachioradialis and triceps bilaterally. Examination of the lumbar spine revealed decreased range of motion. There was tenderness over the paraspinals, left greater than right. Hypertonicity was noted over the paraspinals, left greater than right. Straight leg raise test was positive on the left at 50 degrees to posterior thigh. Muscle strength was decreased at 4/5 bilaterally at L4, L5, and S1. There was decreased sensation at 4/5 bilaterally at L4, L5, and S1. Deep tendon reflexes were 2+ at the patellar and Achilles tendons bilaterally. Examination of the bilateral hands revealed weak grip strength at 4/5. There was decreased sensation at the median and ulnar nerve distributions. Diagnoses include 1) disc bulge of 3 mm at C6-7, status post fusion at C6-C7 2/13/2014 2) status post head trauma with loss of consciousness 3) bilateral wrist and hand pain 4) status post auto accident, rule out recurrent disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management for LS Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Chapter Evaluation and Management

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The requesting physician reports that a pain management consultation is desired to for consideration of an epidural steroid injection. He claims administrator it is not clear why a consult with a pain management physician is recommended at this time. The requesting physician is an orthopedic surgeon requesting pain management consultation for this injured worker who has chronic pain. This is a reasonable request and is consistent with the recommendations of the MTUS Guidelines. The request for Pain Management for LS Spine is determined to be medically necessary.

Kera-tek Analgesic Gel: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals section, Topical Analgesics section Page(s): 104, 111-113.

Decision rationale: Kera-tek gel is a topical analgesic containing the active ingredients menthol 16% and methyl salicylate 28%. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than

placebo in chronic pain. The request for Kera-tek Analgesic Gel is determined to be medically necessary.

Norco: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS SECTION Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting physician describes the injured worker as suffering from chronic pain, and is currently undergoing chiropractic treatments. His pain is reduced from 7/10 to 3/10 with the use of Norco. The requesting physician is also assessing for aberrant drug behavior and utilizing urine drug screen as part of a pain-treatment agreement during opioid therapy. The opioid dosing has remained consistent. With 120 tablets prescribed each month, the Morphine Equivalent Dosing (MED) is approximately 40 mg per day, well below the ceiling of 120 mg recommended by the MTUS Guidelines. Medical necessity for this request has been established and is consistent with the recommendations of the MTUS Guidelines. The request for Norco 10/325 mg #120 is determined to be medically necessary.