

Case Number:	CM14-0159613		
Date Assigned:	10/03/2014	Date of Injury:	04/08/2009
Decision Date:	11/04/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/29/2014

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 Geriatrics and is licensed to practice in New York. 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 34 year old man with a date of injury of 4/8/09. He was seen by his primary treating physician on 8/13/14 with complaints of low back pain. He is status post lumbar fusion of L4-5 with minimal relief in 2010. His medications included norco, gabapentin, tramadol, promolaxin and Prilosec. He felt his pain medications helped his pain. His exam showed a slow, antalgic gait with tenderness to palpation of the lumbar spine with spasms. He had limited range of motion in all planes. Sensation was diminished to the right L4-5 and S1 dermatomes. Motor exam showed 5-/5 right TA and EHL with hyperreflexive Achilles and patella bilaterally. He had a positive straight leg raise bilaterally. His diagnoses were facet arthropathy lumbar spine and HNPs lumbar spine, L2-3 and L3-4 with mild to moderate stenosis. At issue in this review is the request for authorization of norco which is a refill (length of prior therapy not documented in note) and menthoderm which appears to be a new prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 34 year old injured worker has chronic back pain with an injury sustained in 2009. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/14 fails to document any significant improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opiods for chronic back pain is unclear but appears limited. The Hydrocodone is not medically necessary.

Menthoderm Gel 4oz, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date: menthoderm

Decision rationale: This 34 year old injured worker has chronic back pain with an injury sustained in 2009. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics. Menthoderm is a topical analgesic consisting of Methyl salicylate and menthol. This product is used in the temporary relief of minor aches and pains of muscle and joints associated with arthritis, bruises, simple backache, sprains, and strains. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity of a compound such as menthoderm. Therefore, the request is not medically necessary.