MAXIMUS Federal Services

Case Number:	CM14-0021327		
Date Assigned:	05/07/2014	Date of Injury:	10/03/2011
Decision Date:	08/11/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 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:

This is a 47-year-old male with a 10/3/11 date of injury. The exact mechanism of injury has not been described. On 12/13/13, the patient states the pain "has been about the same but increases because you took me off my pain medications". He has numbness in the legs and "excruciating pain" in his hips. He has been increasing his activities slowly. His pain remains a 6/10 and the medications help. Objective exam shows a normal neurological exam and normal gait. He has minimal lumbar tenderness and decreased lumbar ROM. Diagnostic Impression: Lumbosacral Sprain, Disc Herniation, s/p ALDF L4-S1. Treatment to date: L4-S1 fusion in April 2013. A UR decision dated 2/5/14 denied the request for Menthoderm ointment because topical analgesics are largely experimental in use. Norco was denied, and modified from #90 to #30 to initiate tapering. There is no documentation of subjective or objective benefit from the use of this medication. Fexmid was denied because there is no documentation of acute pain or an acute exacerbation of the patient's chronic pain. Ultram was denied because there was no documentation of subjective or objective benefit from the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM OINTMENT 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL COMPOUNDED MEDICATIONS Page(s): 71.

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

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. Howeevr, 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. It has not been established that there is any necessity for this specific brand name. In addition, there is no description of any functional improvement gained from the use of Menthoderm. Therefore, the request for Menthoderm Ointment 120 mL was not medically necessary.

FEXMID 7.5MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, there is no clear description of an acute exacerbation of the patient's chronic pain. The patient notes that his pain has been the same. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for Fexmid 7.5 mg #60 was not medically necessary.

ULTRAM 150MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia from the patient's current medication regimen. There is no documentation of lack of adverse side effects or aberrant behavior, nor is there discussion of an opiate pain contract, urine drug screens, or CURES monitoring. Therefore, the request for Ultram 150 mg #60 was not medically necessary.

NORCO 10/325MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no discussion of gains in activities of daily living or functional benefit from the Norco. Guidelines require clear and concise documentation for ongoing opiate management. In addition, there is no documentation of CURES monitoring, urine drug screens, or an opiate pain contract. Therefore, the request for Norco 10/325 mg #90 was not medically necessary.