

Case Number:	CM14-0023291		
Date Assigned:	05/14/2014	Date of Injury:	05/15/2009
Decision Date:	07/11/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 15, 2009. Thus far, the patient has been treated with the following: Analgesic medications; antidepressant medication; transfer of care to and from various providers in various specialties; long and short acting opioids; and extensive periods of time off of work. In a utilization review report dated January 24, 2014, the claims administrator denied a request for topical compounded Mentherm gel and denied a request for Lexapro, citing, in many cases, the ODG Chronic Pain Chapter, although the MTUS did address the topic(s). The claims administrator also stated that SSRIs were not indicated in the treatment of chronic pain. The patient's attorney subsequently appealed. A January 13, 2014 progress note was notable for comments that the patient reported 6-10/10 pain. The patient stated that she would ultimately like to wean herself off of opioids, including methadone. The patient has been having issues with constipation and associated rectal bleeding, it was stated. The patient's medication list included cyclobenzaprine, Lexapro, Laxacin, Mentherm gel, methadone, Naprosyn, Protonix, Amoxil, and Lexapro. The patient was placed off of work, on total temporary disability. On May 6, 2014, the patient was again described as using Laxacin, Mentherm, cyclobenzaprine, Effexor, Neurontin, Naprosyn, and Protonix. The patient was again placed off of work, on total temporary disability. It was again stated that the patient reported 7-10/10. The patient did state that she had issues with mood disorder and depression, depressive symptoms, and insomnia appreciated on that date. On April 1, 2013, the patient was again described as having issues with pain, depression, insomnia, and addiction to opioid.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUNDED MENTHODERM GEL 120GM #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topic Page(s): 105; 7.

Decision rationale: Menthoderm is a salicylate topical. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of salicylate topical in the treatment of chronic pain, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does state, however, that an attending provider should entertain discussion of efficacy into his choice of recommendations. In this case, however, there has been no demonstration of efficacy or functional improvement as defined in MTUS 9792.20f despite ongoing usage of the Menthoderm gel in question. The patient remains off of work. The patient remains highly reliant and highly dependent on a variety of opioid and non-opioid analgesic and adjuvant medications. Continuing Menthoderm in the face of the patient's failure to demonstrate any efficacy is not indicated. Therefore, the request is not medically necessary.

LEXAPRO 10MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, it often takes weeks for antidepressants to exert their maximum effect. In this case, the patient, contrary to what was suggested by the attending provider, was in fact having issues with depression, anxiety, and insomnia. Usage of Lexapro was indicated to combat the same. Therefore, the request was medically necessary.