

Case Number:	CM14-0025900		
Date Assigned:	06/20/2014	Date of Injury:	03/03/2010
Decision Date:	07/23/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 47 year old male who sustained an injury on 03/03/10. No specific mechanism of injury was noted. The injured worker was followed for ongoing complaints of pain in the low back. The injured worker had a prior left shoulder surgery from unrelated injury. The clinical record from 12/04/13 indicated the pain was at 5/10 on visual analog scale. The injured worker reported benefits from medications; however, no specifics were noted. There appeared to be requests for urine drug screens. It appeared the injured worker had previously been recommended for discography which was not approved. The physical examination at this evaluation noted no evidence of neurological deficit. There was tenderness to palpation in the lumbar spine with decreased lumbar range of motion. Femoral stretch signs were negative bilaterally. Prior imaging of the lumbar spine was reported to show degenerative disc disease primarily at L2-3 and L3-4. These studies were not available for review. The record includes a utilization review determination dated 01/28/14. Requests for Menthoderm 120 ml, Norco 10/325mg quantity 90 and Ultram 150 mg quantity 60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

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

Decision rationale: The request for Norco 10/325 mg #90 is not supported as medically necessary. The submitted records indicate the injured worker sustained a lumbar strain that was superimposed over lumbar spondylosis. The records indicate at least two inconsistent drug screens in the past. Opiates are not chronically indicated for the diagnosis of a lumbar strain. There are numerous prior reviews which contain recommendations for weaning. Records further indicate escalating pain levels despite being on two opiates. This suggests that efficacy for continued use of opiates has not been established. The records do not provide clear data regarding functional improvement. Therefore the request is not medically necessary.

MENTHODERM 120 ML #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The request for Mentherm 120 ml is not supported as medically necessary. The submitted records indicate the claimant has a chronic pain syndrome secondary to a lumbar strain. California Medical Treatment Utilization Schedule does not support the use of topical analgesic as there no substantive peer reviewed evidence establishing the efficacy of this class of medications. Therefore the request is not medically necessary.

ULTRAM 150 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

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

Decision rationale: The request for Ultram 150 mg #60 is not supported as medically necessary. The submitted records indicate the injured worker sustained a lumbar strain that was superimposed over lumbar spondylosis. The records indicate at least two inconsistent drug screens in the past. Opiates are not chronically indicated for the diagnosis of a lumbar strain. There are numerous prior reviews which contain recommendations for weaning. Records further indicate escalating pain levels despite being on two opiates. This suggests that efficacy for continued use of opiates has not been established. The records do not provide clear data regarding functional improvement. Therefore the request is not medically necessary.