

Case Number:	CM14-0033911		
Date Assigned:	06/20/2014	Date of Injury:	02/01/1995
Decision Date:	08/08/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/18/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 61 year old male with a date of injury of 2/1/95. The patient has been treated for ongoing symptoms in the left shoulder, cervical spine and lumbar spine, and is status post left shoulder surgery. Diagnoses include cervical discopathy, left shoulder impingement, upper extremity tendinitis, bilateral carpal tunnel syndrome, and lumbar radiculopathy. Subjective complaints are of low back pain, neck pain, and increasing left shoulder pain. Physical exam reveals decreased left shoulder range of motion and tenderness. There is also tenderness, spasm and decreased range of motion in the low back, and decreased sensation in the L5 and S1 dermatomes. Medications include Norco, Xanax, and topical analgesics. Documentation indicates that Norco provided pain relief and allowed patient to perform some activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax XR 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines = Page(s): 24.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. For this patient there is no documentation indicating rationale for medication and does not identify subjective or objective signs consistent for benzodiazepine therapy. Therefore, the medical necessity is not established.

Methyl-C Transderm (Methyl Salicylate 20% Menthol 5%/Capsaicin 0.0375%) 120gm:
Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, there is no documentation identifying any objective or subjective benefit from adding this medication. Due to this topical medication not being in compliance to current use guidelines and without clear documentation of clinical improvement, the request is not medically necessary.

Ketoprofen 20% /Lidocaine HCL 12.3% Transderm: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. The MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but with a diminishing effect over another two-week period. The MTUS also indicates that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support their use. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. Furthermore, the medical record does not indicate the location for this

medication to be used. For these reasons, the medical necessity of this medication is not established.

Norco 10/325 #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The California Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, risk assessment, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.