

Case Number:	CM14-0034802		
Date Assigned:	06/20/2014	Date of Injury:	08/01/2001
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old female with an 8/1/01 date of injury. At the time (1/16/14) of request for authorization for Norco 10/325mg #120 and Methoderm gel 120gm, there is documentation of subjective findings low back pain rated as an 8/10, bilateral shoulder pain rated as a 7/10, neck and upper back pain, bilateral wrist and hand pain with numbness, difficulty sleeping due to pain, and intermittent GERD and constipation symptoms due to medications. The objective findings include hemiparesis and hemiplegia due to brain surgery complication, markedly abnormal gait, tenderness over the right volar wrist, decreased lumbar range of motion with spasms, positive straight leg raise on the right, tenderness with spasms of the lower paracervical muscles, decreased cervical range of motion, and positive impingement sign of the bilateral shoulders. The current diagnoses include bilateral wrist and hand tendinitis, cervical strain, thoracic strain, lumbar strain with radiculopathy, bilateral shoulder strain, insomnia, and GERD. The treatment to date includes Norco since at least 5/1/13 with decrease in pain levels and increase in activities of daily living. In addition, medical report identifies documentation of an inconsistent CURES report indicating the patient may have received opioids from another physician. Furthermore, medical report plan identifies start patient on Methoderm gel for chronic pain relief. Regarding Norco 10/325mg #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Methoderm gel 120gm, there is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral wrist and hand tendinitis, cervical strain, thoracic strain, lumbar strain with radiculopathy, bilateral shoulder strain, insomnia, and GERD. In addition, given documentation of ongoing treatment with Norco since at least 5/1/13 with decrease in pain levels and increase in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. However, given documentation of an inconsistent CURES report indicating the patient may have received opioids from another physician, there is no documentation that the prescriptions are from a single practitioner and are taken as directed. In addition, there is no documentation that the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #120 is not medically necessary.

Menthoderm gel 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Medical Treatment Guideline identifies Mentoderm gel as a topical analgesic containing Methyl Salicylate and Menthol. California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical

analgesics. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral wrist and hand tendinitis, cervical strain, thoracic strain, lumbar strain with radiculopathy, bilateral shoulder strain, insomnia, and GERD. In addition, there is documentation of a plan identifying to start the patient on Mentoderm gel for chronic pain relief. Furthermore, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Mentoderm gel 120gm is not medically necessary.