

Case Number:	CM14-0036778		
Date Assigned:	06/25/2014	Date of Injury:	08/26/2010
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 53-year-old male with a reported date of injury of 08/26/2010. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with bilateral shoulder, right knee, right wrist, and low back pain, rated at 8/10. Upon physical examination, the injured worker's left shoulder range of motion revealed abduction to 100 degrees, adduction to 40 degrees, extension to 40 degrees, internal rotation to 65 degrees, external rotation to 65 degrees, and flexion to 120 degrees. The lumbar spine range of motion revealed flexion to 35 degrees, extension to 30 degrees, right rotation to 40 degrees, left rotation to 20 degrees, right tilt to 40 degrees, and left tilt to 40 degrees. In addition, the physician indicated the injured worker had bilateral positive straight leg raise. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnoses included multiple trauma, cervical sprain/strain, bilateral shoulder contusion with impingement, left shoulder sprain/strain, right hand/wrist sprain, lumbar discopathy, right knee contusion, kidney tumor, anxiety and depression, head injury, left adrenal adenoma, and prostate surgery with transurethral resection. The injured worker's medication regimen included gabapentin, tramadol, hydrocodone, Xanax, and topical analgesics. The Request for Authorization for Norco 10/325 mg #120 and Exoten-C lotion (methyl salicylate 20% menthol 10% capsaicin 0.002%) was submitted signed but not dated.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the clinical documentation provided for review, the injured worker has utilized Norco prior to 10/08/2013. Within the clinical note dated 06/10/2014, the physician indicated that the injured worker continued to experience bilateral lower extremity radiculopathy and experienced shoulder pain that was aggravated with physical activity. There was a lack of documentation provided related to the injured worker's decreased pain, increased functional status, proper medication use, and side effects. There is a lack of documentation related to the therapeutic and functional benefit related to the long term and ongoing utilization of Norco. In addition, the request as submitted failed to provide frequency and duration for use. Therefore, the request for Norco 10/325 #120 is not medically necessary.

Exoten C lotion (Methyl Salicylate 20% Menthol 10% Capsaicin 0.002%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111-112.

Decision rationale: The California MTUS Guidelines state that salicylate topicals are recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. The guidelines recommend topical analgesics as an option. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. Although topical capsaicin has moderate to poor effectiveness, it may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. The clinical information provided for review lacks documentation related to the injured worker not responding or being intolerant to other treatments. Previous physical therapy and conservative care was not provided within the documentation available for review. According to the documentation provided for review, the injured worker has utilized topical analgesics prior to

10/08/2013. There is a lack of documentation related to therapeutic and functional benefit related to the ongoing use of topical analgesics. In addition, the request as submitted failed to provide frequency and specific site at which the topical analgesic is to be utilized. Therefore, the request for Exoten-C lotion (methyl salicylate 20% menthol 10% capsaicin 0.002%) is not medically necessary.