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| Case Number: | CM14-0039019 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 10/02/2003 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 03/19/2014 |
| Priority: | Standard | Application Received: | 04/03/2014 |

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 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 injured worker is a 59-year-old female who is reported to have sustained an injury to her low back on 10/02/2003. Records indicate that the injured worker has a diagnosis of a failed back surgery syndrome. She ultimately underwent an L4 through S1 instrumented fusion. Clinical records indicate that a CT was performed on 07/20/13 which notes a probable solid L4-S1 fusion with broken S1 screws. Records indicate that the injured worker continues to have significantly elevated pain levels graded as 7-8/10. Records indicate that the injured worker was later reported as developing cervical pain with radiation into the left upper extremity. On physical examination dated 02/05/14 she was noted to have decreased sensation to the left C7 distribution with 4/5 strength in the C7 distribution. MRI reports multilevel degenerative disc disease most pronounced at C6-7. She subsequently is recommended to undergo anterior cervical discectomy and fusion (ACDF) at this level. The record contains a utilization review determination dated 03/14/14 in which requests for Menthoderm ointment 120 ml #1, Norco 10/325 mg #90 with one refill, Cyclobenzaprine 7.5 mg #60 with 2 refills was not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm ointment 120 ml #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The submitted clinical records indicate that the injured worker has chronic pain associated with a failed back surgery syndrome and she is being considered for cervical surgery. The records provide no data which establishes that Mentherm, a topical analgesic, has resulted in any significant improvement in the injured worker's pain levels. Therefore, the request for Mentherm ointment 120 ml #1 is not medically necessary.

Norco 10-325mg #90 x1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The submitted clinical records indicate that the injured worker has a failed back surgery syndrome with evidence of neuropathic pain. Further, she is noted to have developed a cervical disc herniation and is being considered for surgery. Physical examination clearly indicates a left upper extremity radiculopathy. As such, the request for Norco 10/325 #90 x 1 is recommended as medically necessary.

Cyclobenzaprine 7.5mg #60 x2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The submitted clinical records indicate that the injured worker has a failed back surgery syndrome which results in chronic myospasm. Additionally, she is noted to have developed a cervical disc herniation with upper extremity radiculopathy and myospasm for which this medication would be clinically indicated. As such, medical necessity has been established. The request for Cyclobenzaprine 7.5 mg #60 with 2 refills is recommended as medically necessary.