MAXIMUS Federal Services

Case Number:	CM14-0039132		
Date Assigned:	06/27/2014	Date of Injury:	02/12/2005
Decision Date:	08/19/2014	UR Denial Date:	03/26/2014
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 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 51 year old male who had a work-related injury on 02/12/05. He was working as a bartender and he was lifting a keg of beer which weighed approximately 150 pounds, when he felt pain and a popping sensation in his lower back. He fell to the floor due to weakness in his legs and the intensity of the pain in his back and legs. The injured worker has had injections, physical therapy, nonsteroidal anti-inflammatory drugs, pain medication, x-rays and magnetic resonance images of his lumbar spine. The most recent clinical record submitted for review was dated 01/10/13 the injured worker was complaining of low back and right leg pain with numbness. Pain was rated 7/10. Physical examination findings revealed tenderness in the lower back, decreased range of motion, decreased sensation in L5 distribution of right leg, positive straight leg raise right leg. There is no documentation of functional improvement or visual analog scale scores with and without medication. One urinary drug screen which was consistent with prescription therapy. Prior utilization review dated 03/26/14 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Gel 120gm #1 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 3/10/14) Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, topical analgesics.

Decision rationale: The clinical documentation submitted for review as well as current evidence base guidline do not support the request. There is no documentation of functional improvement on this medication. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Therefore, the request is not medically necessary and appropriate.

Hydrocodone/APAP 5/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioid's.

Decision rationale: The clinical documentation submitted for review as well as current evidence base guidelines do not support the request. There is no documentation of functional improvement or visual analog scale scores with and without medication. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request is not medically necessary and appropriate.