

Case Number:	CM14-0041906		
Date Assigned:	06/30/2014	Date of Injury:	07/12/2008
Decision Date:	08/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 57-year-old male who reported an injury on 07/12/2008, and the mechanism of injury was not provided. On 01/02/2014, the injured worker presented with pain in the neck and right upper extremity. Upon examination of the bilateral upper and lower extremities, normal reflex, sensory, and power testing. There was minimal cervical and lumbar tenderness. There was also a positive Spurling's test bilaterally. Diagnostic studies included an MRI, x-ray, and CT scans. The diagnoses were disc herniation from C4-5 and C5-6, and spondylolisthesis from C3-4, degenerative disc disease of L4-5, central L5-S1 spondylolisthesis, and status post ALDF L4-S1. Current medications included Norco, Fexmid, naproxen, and Protonix. The provider recommended Mentherm ointment, Norco, Ultram, and Protonix. The provider's rationale was not provided. The Request for Authorization form was dated 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Mentherm Ointment 120 ml., apply up to twice a day to the affected area, DOS: 2/14/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Salicylate topicals Page(s): 105, 60.

Decision rationale: The request for Methoderm ointment 120 mL, apply up to twice per day to affected area, dispensed 02/14/2014, is not medically necessary. The California MTUS indicate topical analgesics are primarily recommended in use with few randomized control trials to determine the efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical salicylates are recommended. The included medical documents lacked evidence of the injured worker's failure to respond to antidepressants or anticonvulsants. Additionally, the site that the Methoderm ointment is intended for was not provided within the request as submitted. As such, the request not medically necessary

Retrospective request for Norco 10/325 mg. # 90 tabs, 1 tablet every 4-6 hours as needed for pain, DOS: 2/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC/Pain.

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

Decision rationale: The request for Norco 10/325 mg, with a quantity of 90, 1 tablet every 4 to 6 hours as needed for pain, dispensed on 02/14/2014, is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 01/2014. The efficacy of the medication was not provided. Additionally, a complete and adequate pain assessment of the injured worker was not provided. As such, the request is not medically necessary.

Retrospective request for Ultram 150 mg.# 60 capsules, 1 capsule 1 time a day, DOS: 2/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Pain Chapter.

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

Decision rationale: The request for Ultram 160 mg with a quantity of 60, 1 capsule 1 time a day, dispensed 02/14/2014, is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Ultram since at least 01/2014. The efficacy of the medication was not provided. Additionally, a complete and adequate pain assessment of the injured worker was not provided. As such, the request is not medically necessary.

Retrospective request for Protonix 20 mg. 60 tablets, 1 capsule twice daily for stomach irritation, DOS: 2/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter- Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for request Protonix 20 mg with a quantity of 60, 1 capsule twice daily for stomach irritation, dispensed 02/14/2014, is not medically necessary. According to California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy, or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The included medical documentation lacked evidence of the injured worker having moderate to high risk for gastrointestinal events. Evaluation of dyspepsia secondary to NSAID therapy, there were no signs and symptoms or a diagnosis congruent with the guideline recommendations. Additionally, the guidelines would not recommend Protonix for prophylactic treatment. As such, the request is not medically necessary.