MAXIMUS Federal Services

Case Number:	CM14-0043711		
Date Assigned:	07/02/2014	Date of Injury:	09/05/2009
Decision Date:	09/03/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/10/2014

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 Family Practice 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 patient is a 41 year old male who sustained an injury on 9/5/2009. Panel QME dated December 6, 2011 diagnoses the patient with chronic discogenic back pain with bilateral sciatica, annular disc injury L4-5, and annular disc injury L5-S1 with neural foraminal compromise bilaterally by MR scan. Treatment to date has consisted of medications and interventional pain management procedures. The patient was evaluated on March 25, 2014 complaining of low back pain radiating to the bilateral lower extremities. He also complained of pain in the knees, neck and right shoulder radiating down the right arm. Pain is rated 8/10. Medications were prescribed. Peer review was performed on 4/2/14 at which time recommendation was made to certify the request for Trazadone. Recommendation was made to modify the request for Norco 10/325 mg, take one every 6-8 hours as needed for pain #180, to allow a one-month supply for weaning purposes at the treating physician's discretion. If weaning does not take place, then a peer to peer discussion was recommended. Recommendation was made to non-certify the request for Flexeril and Menthoderm. In regards to Norco, the prior peer reviewer noted that long term use of opiates is not supported by current evidence-based guidelines. It was pointed out that the patient has been utilizing opiate medications since at least July 2012, which would not be consistent with evidence-based guidelines. Furthermore, the medical records did not establish that continued use of opiates has resulted in a return to work or decreased pain and functional improvement. It was noted that the patient complains of 8/10 pain despite continued use of Norco. It was also pointed out that the patient has psychological comorbidities which would cause concern for chronic opiate use. In addition, the prior peer reviewer stated that the patient has neuropathic pain for which opioids are not significantly effective. In regard to Flexeril, the prior peer review noted that the patient has been prescribed Flexeril chronically since at least June 19, 2013. It was pointed out that references specifically indicate that this medication is only

recommended for a short course of treatment. In regard to Menthoderm, is was pointed out that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It was noted that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records did not establish that the patient is intolerant to oral medications or that he has failed trials of oral anticonvulsants and antidepressants, other than tricyclics which he reportedly was unable to tolerate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, take one every 6-8 hours as needed for pain, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (http://www.odg-twc.com/odgtwc/pain.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: As per Chronic Pain Medical Treatment Guidelines opioids are not recommended for chronic non-malignant pain. Long term use of opioids leads to dependence and opioid hyperalgesia. Despite continued opioid use, the patient remains with significant high pain levels with no evidence of improvement in function. Furthermore, it should be noted that this patient is a male, and long term use of opioids leads to testosterone imbalance in men. For these reasons, the request for Norco is not medically necessary.

Flexeril 7.5 mg, take one tablet two times a day, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

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

Decision rationale: Per the referenced guidelines, muscle relaxants are not recommended for long term use. While muscle relaxants may be supported to address acute exacerbations, evidence based guidelines do not support chronic use of muscle relaxants. The request for Flexeril is not medically necessary.

Menthoderm topical lotion, 120 ml: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 104. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: According to Drugs.com, Menthderm contains methyl salicylate and menthol. Per Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended. The guidelines state that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. Given that the guidelines support methyl salicylate, the request for Menthoderm is medically necessary.