MAXIMUS Federal Services

Case Number:	CM14-0048406		
Date Assigned:	06/20/2014	Date of Injury:	08/12/2013
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This case involves a 43 year-old female with an 8/12/13 date of injury. According to the 1/20/14 spinal orthopedic report from [redacted], the patient vacuuming and tripped backwards and landed on her back. She had 12 sessions of physical therapy (PT), and was not able to perform modified duty. She presents with 5/10 low back pain with numbness and tingling down the left leg. [redacted] impression is musculoligamentous sprain/strain, lumbosacral spine; and retrolisthesis L4/5 and L5/S1 with marked degenerative disc disease at L5/S1 level with neural foraminal narrowing. There is a medication checkbox attachment from [redacted], dated 1/20/14 that shows anaprox-DS, menthoderm ointment, ultram 150mg ER and norflex 100mg. unfortunately, the 3/6/14 and 3/5/14 medical reports and request were not available for this IMR. There is a 4/2/14 report from [redacted] that states the patient low back pain is worse, at 6-7/10 and still radiates down the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm ointment 120mg #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Salicylate Topicals, page 105, Topical Analgesics, pages 111-113; and the Non-MTUS: Official Disability Guidelines (ODG), Low Back Chapter, Biofreeze.

Decision rationale: This case involves a 43 year-old female with an 8/12/13 date of injury. She presents with low back pain with numbness and tingling down the left leg. She has not been able to return to work in even a modified capacity. She complains of worsening lower back pain going from 5/10 on 1/20/14 to 6-7/10 by 4/2/14, despite use of medications and topical ointments. The medical report from 4/2/14, states that the medications help, but does not show any decrease in pain, or improvement in function or quality of life, or reduction in work restrictions or describe how the medications help. The request presented is for Methodem ointment 120mg, #1. Menthoderm is a topical compound consisting of methyl salicylate 15% and menthol 10 %. On page 111, under topical analgesics, the California MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS has support for methyl salicylate under the Topical Salicylate section, but does not specifically discuss menthol. The ODG guidelines were consulted. The ODG guidelines state the active ingredient in Biofreeze is menthol and that it is recommended for acute pain and take the place of an ice pack for cryotherapy. In this case, the patient is not in the acute phase, and the use of menthol for a chronic condition is not in accordance with the ODG recommendations. There is no documentation of a satisfactory response or functional improvement with Methyl salicylate; and menthol would not be recommended for a chronic condition. Therefore, methoderm ointment 120mg #1 is not medically necessary.

Hydrocodone/APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS: Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints, pages 8-9, Opioids, Long-Term Assessment, pages 88-89.

Decision rationale: This case involves a 43 year-old female with an 8/12/13 date of injury. She presents with low back pain with numbness and tingling down the left leg. She has not been able to return to work in even a modified capacity. She complains of worsening lower back pain going from 5/10 on 1/20/14 to 6-7/10 by 4/2/14, despite use of medications and topical ointments. The request presented is for the use of hydrocodone/APAP 10/325mg, #90. There are no medical reports provided for this IMR that the patient has been taking hydrocodone/APAP. There is no discussion of efficacy of any of the medications on the available medical reports. The reports do show that the patient is complaining of worsening pain, and no functional improvement despite treatment attempts from 1/20/14 through 4/2/14. The California MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of hydrocodone/APAP 10/325mg. The MTUS does not recommend continuing treatment if there is not a satisfactory response. Therefore, hydrocodone/APAP 10/325mg #90 is not medically necessary.

Tramadol HCL 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS: Chronic Pain Medical Treatment Guidelines, Tramadol, page113, Pain Outcomes and Endpoints, pages 8-9, Opioids, long-term assessment, pages 88-89.

Decision rationale: This case involves a 43 year-old female with an 8/12/13 date of injury. She presents with low back pain with numbness and tingling down the left leg. She has not been able to return to work in even a modified capacity. She complains of worsening lower back pain going from 5/10 on 1/20/14 to 6-7/10 by 4/2/14, despite use of medications and topical ointments. The request presented is for use of tramadol HCL 150mg, #60. There is no discussion of efficacy of any of the medications on the available medical reports. The reports do show that patient is complaining of worsening pain, and no functional improvement despite treatment attempts from 1/20/14 through 4/2/14. The California MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Tramadol 150mg, #60. The MTUS does not recommend continuing treatment if there is not a satisfactory response. Therefore, tramadol is not medically necessary.