MAXIMUS Federal Services

Case Number:	CM14-0049580		
Date Assigned:	07/07/2014	Date of Injury:	09/01/2013
Decision Date:	08/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 and is licensed to practice in Illinois. 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 46-year-old with reported date of injury of 09/01/2013. The mechanism of injury was reportedly caused by helping a customer with a box. The injured worker's diagnoses included musculoligamentous sprain/strain of the cervical spine and musculoligamentous sprain/strain of the lumbar spine. Previous conservative care included physical therapy and the use of a transcutaneous electrical nerve stimulation (TENS) unit. The diagnostic studies included x-rays and a magnetic resonance imaging (MRI); the results of which were not provided within the documentation available for review. The injured worker presented with pain in the neck, which comes and goes, rated at 4-5/10. The previous surgical history included a right wrist surgery. The current medications include Flexeril, Ibuprofen, Tramadol, Sertraline, and Menthoderm ointment. The injured worker's sensory examination revealed to be within normal limits. Motor strength was rated 5/5. The rationale for the request was not provided within the documentation available for review. The retrospective request for Hydrocodone/APAP 10/325 mg #90, retrospective Cyclobenzaprine 7.5 mg #60, and Menthoderm ointment 120ml was submitted on 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone/APAP 10/325mg #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommended the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. According to the clinical documentation provided for review, the injured worker has utilized Hydrocodone/APAP prior to 10/2013. There is a lack of documentation of the ongoing review of pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation related to therapeutic or functional benefit and ongoing use of hydrocodone. In addition, there is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a visual analog scale (VAS) pain scale. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the retrospective request for Hydrocodone/APAP 10/325 mg #90 is not medically necessary.

Retrospective Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend cyclobenzaprine as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The treatment should be brief. According to the clinical documentation provided for review, the injured worker has utilized Cyclobenzaprine prior to 10/2013. There is a lack of documentation related to the therapeutic and functional benefit in the long-term use of Cyclobenzaprine. In addition, the guidelines recommend Cyclobenzaprine for a short course of therapy. The request for continued use exceeds the recommended guidelines. In addition, the request as submitted failed to provide a frequency and directions for use. Therefore, the retrospective request for Cyclobenzaprine 7.5 mg #60 is not medically necessary.

Menthoderm Ointment 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105 , 111.

Decision rationale: The California MTUS Guidelines recommend salicylate topicals are significantly better than placebo in chronic pain. Additionally, the California MTUS Guidelines recommend topical analgesics as an option as indicated. Although largely experimental in use with a few randomized control trials to determine to effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation provided for review indicated the injured worker has utilized Menthoderm prior to 11/2013. There is a lack of documentation in the therapeutic and functional benefit in the ongoing use of Menthoderm. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values and the utilization of a visual analog scale (VAS) pain scale. In addition, there is a lack of documentation into the trial and subsequent failure of antidepressants and anticonvulsants. The request as submitted failed to provide a frequency, directions, and a specific site at which the Menthoderm ointment was to be utilized. Therefore, the request for Menthoderm ointment 120 ml is not medically necessary.