

Case Number:	CM14-0052861		
Date Assigned:	07/07/2014	Date of Injury:	11/11/2011
Decision Date:	09/03/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational, and is licensed to practice in Arizona. 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 43 year old male with a date of injury on 11/11/2011. Diagnoses include enthesopathy of hip, chronic pain syndrome, and lumbago. Most recent subjective complaints are of axial low back pain, pain around the anterior and lateral right thigh/hip, and depression. Pain is rated at 6-8/10. Physical exam shows tenderness over lumbar paravertebral muscles, and mildly decreased range of motion. Neurological exam was intact. Medications include Norco, and amitriptyline. Electrodiagnostic studies from 1/23/2012 were normal. Lumbar MRI from 2/1/2012 shows disc degeneration and disc space narrowing at L5-S1, and small central bulge at L4-5 without remarkable neurocompression or stenosis. Spine consult did not recommend patient as a surgical candidate. Offices records indicate that patient has functional benefit from medications, denies side effects, and updated urine drug screens are present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg x 120 , 2 refills: Overturned

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

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

Decision rationale: The patient in question has been on chronic opioid therapy. California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Amitriptyline Hcl 25mg x60, 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 14-16.

Decision rationale: CA MTUS recommends tricyclic antidepressants as first-line therapy for neuropathic pain and an option for non-neuropathic pain. It is recommended in particular if patient has pain accompanied by insomnia, anxiety, or depression. For this patient, non-neuropathic pain is present, and it is accompanied by anxiety and depression. Therefore, the use of Amitriptyline is consistent with guideline recommendations, and is medically necessary.

Methoderm (Topical Analgesic): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: Methoderm is a compounded medication that includes methyl salicylate, and menthol. California Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The Menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Due to Methoderm not being in compliance to current use guidelines the requested prescription is not medically necessary.

2nd Opinion referral for lumbar spine: 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) -TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) CHAPTER 7, PAGE 127; Official Disability Guidelines (ODG) PAIN, OFFICE VISITS.

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and Management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, recent spine consultation did not identify the need for surgery. Submitted reports do not identify specific or significant objective pathology of the lumbar spine. Furthermore, updated imaging of the lumbar spine is not present that would support a second evaluation. Therefore, the request is not medically necessary.