

Case Number:	CM14-0062687		
Date Assigned:	07/11/2014	Date of Injury:	07/15/2011
Decision Date:	10/16/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 39-year-old male who reported an injury on 07/15/2011 due to unspecified mechanisms of injury. The injured worker had a history of lower back pain. The injured worker had diagnoses of disc herniation at the L4-5 and the L5-S1 with radiculopathy and neurologic deficits, and possible renal pathology. The prior surgeries included a status post anterior lumbar discectomy and fusion at L4-S1 dated 07/23/2013. The medications included Naproxen 550 mg, Norflex 100 mg, Ultram 150 mg, and Methoderm ointment. The objective findings dated 04/07/2014 revealed normal reflexes, sensory, and power testing to the bilateral upper and lower extremities. A straight leg raise test and bowstring were negative. The injured worker had a normal gait and was able to heel and toe walk. There was left lumbar/flank lumbar tenderness. The lumbosacral spine range of motion was decreased by 25%. Femoral stretch was negative bilaterally. He had normal lower extremity pulses bilaterally and pain with light touch. Prior treatments were not included. The treatment plan included x-rays of the lumbar spine, a home exercise program, and to continue with medications. The Request for Authorization dated 04/20/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprox 550mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory Page(s): 22.

Decision rationale: The request for Naproxen 500 mg (request states 550 mg) #90 is not medically necessary. The California MTUS states that non-steroidal anti-inflammatory agents have limited demonstrated efficacy in clinical trials and have been inconsistent. The clinical notes were not evident of the length of time that the injured worker had been taking the naproxen. However, his injuries were from 2011. The request did not indicate the frequency. As such, the request is not medically necessary.

Menthoderm 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

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

Decision rationale: The request for Mentoderm 120 mL is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. As such, the request is not medically necessary.

Ultram 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82,93,94,113,78.

Decision rationale: The request for Ultram 150 mg #60 is not medically necessary. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes were not evident of the documentation for aberrant drug taking behavior, any adverse side effects and activities of daily living. Ultram should not be the first line oral analgesic. The request did not indicate the frequency. As such, the request is not medically necessary.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Norflex 100 mg #60 is not medically necessary. The California MTUS indicates that Norflex is a drug that is similar to Diphenhydramine, and has greater anticholinergic effects. The mode of action is not clearly understood. The request did not indicate the frequency. Norflex, per the guidelines, is not recommended. As such, the request is not medically necessary.