

Case Number:	CM14-0070142		
Date Assigned:	07/14/2014	Date of Injury:	10/02/2006
Decision Date:	09/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/15/2014

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 Medicine 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 is a 54-year-old female patient who reported an industrial injury on 10/2/2006, almost 8 years ago, attributed to the performance of her customary job tasks reported as setting up tables. The patient is being treated for chronic low back pain. The treating diagnoses are lumbar disc displacement and lumbar spine degenerative disc disease. The patient has undergone a right L4-L5 lateral discectomy, lumbar decompression on 5/14/2013. The patient complained of continued chronic low back pain and lower extremity numbness in the right leg below the knee. The objective findings on examination included a decreased range of motion of the lumbar spine and tenderness to palpation along with muscle spasms. The treatment plan included the prescription for Mentherm gel 240 g and Quazepam 15 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Mentherm Gel 240gm, 240ml, DOS 03/18/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Analgesics, Topical Analgesic Compounded.

Decision rationale: The prescription for Methoderm topical ointment (Methyl Salicylate 15.0% Analgesic and Counterirritant) is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted with the billing to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the Official Disability Guidelines, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of topical NSAIDs is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDs. The request for Methoderm topical ointment is not medically necessary for the treatment of the patient for the diagnosis of reported chronic low back pain. The use of the topical creams/gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prescription is accompanied with a state of medical necessity by the vendor which states that "compounded medications are not absorbed by the stomach so they do not cause any of the dangerous die effects that may be experienced by taking medications orally (ie damage to the liver and kidneys)." In fact, medications that are transdermal or oral enter the blood stream and are ultimately broken down in the liver or kidneys. The breakdown of the prescribed topical medication still occurs in the kidneys and liver. "Compounded medications are absorbed through the skin so less medication enters the blood stream. The benefit of this is that there is reduced chance of building tolerance to drugs thereby curbing any potential addiction to medication." There is no objective evidence to support this contention and high serum levels can be achieved through transdermal applications. The serum levels can be similar and have the same propensity towards tolerance. "Compounds have fewer possibilities of drug interactions because less of the medication enters the blood stream" is not supported with objective evidence. The ability to interact with other medications in the blood stream is the same whether the route of absorption is oral or transdermal. "Compounds provide faster relief than medications taken orally. With compound medications you get fast pain relief to the affected area within a matter of minutes of application" is also not supported with objective evidence. The use of Methoderm topical ointment not supported by the applicable Official Disability Guidelines as cited below. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications, and the topical compounded medication for the treatment of the industrial injury. The prescription for Methoderm topical ointment is not medically necessary for the treatment of the patient's low back pain complaints. The prescription of Methoderm topical ointment is not recommended by the California MTUS and the Official Disability Guidelines. The continued use of topical

NSAIDs for the current clinical conditions is not otherwise warranted or appropriate-noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription for the treatment of chronic low back pain. There is no demonstrated medical necessity for the prescription of the topical Methoderm gel 240 g for the treatment of chronic low back pain status post laminectomy.

Retrospective Request for Quazepam 15mg #30, DOS 03/18/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Insomnia and Zolpidem.

Decision rationale: The prescription for Doral 15 mg (Quazepam) qhs #30 is recommended only for the short-term treatment of insomnia as an older sleeping medication. There are no recommendations for the use of benzodiazepines for sleep aids as alternatives are readily available. The patient is being prescribed the Quazepam every night and is given a prescription to use it on a nightly basis. The patient has exceeded the recommended time period for the use of this short-term sleep aide. The ACOEM Guidelines and the Official Disability Guidelines do not recommend the use of benzodiazepines in the treatment of chronic pain and insomnia. The continued use of Doral is associated with tolerance and addictive behavior consistent with the class of benzodiazepines. The patient has been provided sufficient time to titrate off the benzodiazepine but the same nightly dose is continued to be prescribed. There is no recommendation by the California MTUS for the prescription of older benzodiazepines for the treatment of insomnia. The provider has not documented any conservative treatment for insomnia and the treatment of the stated insomnia has exceeded the time period recommended by the evidence-based guidelines. The provider has not demonstrated a failure of the many sleep remedies available over the counter. There is no demonstrated medical necessity for the prescription for Quazepam 15 mg #30 for the treatment of insomnia for chronic low back pain.