

Case Number:	CM14-0088310		
Date Assigned:	07/23/2014	Date of Injury:	03/12/2002
Decision Date:	09/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/12/2014

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 Preventive 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:

According to the records made available for review, this is a 56-year-old female with a 3/12/02 date of injury. There is documentation of subjective (low back pain 8/10 with bilateral lower extremity radiculopathy) and objective (decreased range of motion and sciatic notch tender) findings. Current diagnoses include chronic low back pain and discogenic disc disease of L5-S1 with bilateral sciatica. Treatment to date includes medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 q6-8 hrs prn pain Qty60- with 1 Refill: Upheld

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): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment

intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain and discogenic disc disease of L5-S1 with bilateral sciatica. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Tylenol #3, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tylenol #3 use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Condrolite 500/200/150mg #90 - with 1 Refill: 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 Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation <http://enovachem.us.com/portfolio/condrolite/>.

Decision rationale: An online search identifies Condrolite as a medical nutritional supplement consisting of a combination of Glucosamine sulfate 500mg, Chondroitin sulfate 200mg, and MSM 150mg. Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain of the knee, as criteria necessary to support the medical necessity of Glucosamine (and Chondroitin Sulfate). Within the medical information available for review, there is documentation of diagnoses of chronic low back pain and discogenic disc disease of L5-S1 with bilateral sciatica. However, there is no documentation of moderate arthritis pain of the knee. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Exoten-C Cream 100 gm: 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 based on Non-MTUS Citation <http://dailymed.nlm.nih.gov>.

Decision rationale: An online search identifies Exoten-C Cream as a topical analgesic medication consisting of Methyl salicylate 20%, Menthol USP 10%, and Capsaicin 0.002%. MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses

of chronic low back pain and discogenic disc disease of L5-S1 with bilateral sciatica. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.