

Case Number:	CM14-0093260		
Date Assigned:	07/25/2014	Date of Injury:	10/30/2001
Decision Date:	09/09/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/19/2014

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 44-year-old female who reported an injury on 10/30/2001 due to unspecified cause of injury. The injured worker had a history of lumbar pain along with left lower extremity pain. The diagnoses included left foot/ankle pain, right hip and lower extremity pain, lower back pain that radiated to the left upper extremity. The prior diagnostics included x-rays to the left ankle. Prior treatments included cortisone injections to the left ankle/foot and physical therapy. The physical examination dated 03/04/2014 of the left ankle, revealed minimal swelling to the lateral aspect and minimal tenderness over the lateral and anterior ankle with a range of motion eversion of 80% normal. The examination of the lumbar spine revealed slight paralumbar muscle spasms greater to the right lumbar region, with a flexion of 80% normal, extension 50% normal, a positive straight leg raise, and a mild antalgic gait and station. The sensory examination revealed light touch sensation was decreased to the left foot. The treatment plan included authorization follow-up for steroid injections to the left ankle, physical therapy for the lumbar and lower extremity. Authorization for the Tylenol for flare ups, continue the home exercising and stretching as tolerated, ankle brace and follow-up in 3 months. The Request for Authorization form dated 07/25/2014 was submitted with documentation. The rationale for Tylenol No.3 was for pain control flare ups. There was no rationale for the Methoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel 4 oz: Upheld

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

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

Decision rationale: The California MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The frequency was not addressed. As such, the request is not medically necessary.

Tylenol #3 Quantity: 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 On-going Management, Codeine Page(s): 78, 92.

Decision rationale: The California MTUS guidelines indicate that Tylenol with Codeine 3 should be used for moderate to severe pain and 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. Codeine as a single active ingredient is classified by the DEA as a schedule II medication. Codeine in combination with acetaminophen is classified as schedule III. Side Effects: Common effects include CNS depression and hypotension. Drowsiness and constipation occur in > 10% of cases. Codeine should be used with caution in patients with a history of drug abuse. Tolerance, as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. Per the clinical notes the injured worker's injury was in 2001, the injured worker should have been tapered off the Tylenol #3. The clinical notes indicate that the Tylenol #3 is PRN, however an accurate daily amount that the injured worker was taking should be documented. The injured worker also states her pain remains at a 10/10 VAS, no efficacy provided. The request did not address the frequency. As such, the request is not medically necessary.