

Case Number:	CM15-0135560		
Date Assigned:	08/03/2015	Date of Injury:	04/03/2013
Decision Date:	10/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old male, who sustained an industrial injury on 4-03-2013. Diagnoses include cervical, thoracic and lumbar sprain and strain and cervical spine degenerative disc disease. Treatment to date has included conservative measures including medications and lumbar epidural steroid injections (LESI). Per the Primary Treating Physician's Progress Report dated 10-28-2014, the injured worker reported persistent pain in the cervical spine, mid back and lumbar spine. LESI on 8-15-2014 was minimal help. He has had 3 LESI. Physical examination revealed tenderness to palpation of the cervical and lumbar paraspinal muscles. The plan of care included continuation of home exercise, medications and follow-up care and authorization was requested for Menthoderm cream 240mg, Norflex, and one RTC in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Menthoderm Cream 240mg, DOS: 10/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Menthoderm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Menthoderm Gel. Retrospective Menthoderm Cream 240mg, DOS: 10/28/14 is not medically necessary.

Retrospective Norflex, DOS: 10/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Orphenadrine (Norflex) is an anticholinergic drug of the ethanolamine antihistamine class with prominent central nervous system (CNS) and peripheral actions used to treat painful muscle spasms and other similar conditions, as well as the treatment of some aspects of Parkinson's disease. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking Orphenadrine for longer than 2-3 weeks, which is recommended by the MTUS. Retrospective Norflex, DOS: 10/28/14 is not medically necessary.

Retrospective Ibuprofen 800mg #60, DOS: 8/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Retrospective Ibuprofen 800mg #60, DOS: 8/5/14 is not medically necessary.

Retrospective Tramadol 50mg #60, DOS: 8/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Retrospective Tramadol 50mg #60, DOS: 8/5/14 is not medically necessary.

Retrospective Urine toxicology, DOS: 8/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug screen is not medically necessary.

Retrospective ROM, DOS: 8/5/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (Low Back Chapter), Flexibility.

Decision rationale: The Official Disability Guidelines do not recommended range of motion testing as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. At present, based on the records provided, and the evidence-based guideline review, the request for Retrospective ROM, DOS: 8/5/14 is not medically necessary.

Retrospective Follow-up with pain management specialist, DOS: 8/15/14: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, page 56.

Decision rationale: The California MTUS makes no recommendations regarding referral to a pain management specialist. Alternative guidelines have been referenced. The guidelines state that referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. Retrospective Follow-up with pain management specialist, DOS: 8/15/14 is not medically necessary.

Retrospective Naproxen 550mg #90, DOS: 9/2/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Retrospective Naproxen 550mg #90, DOS: 9/2/14 is not medically necessary.

Retrospective Prilosec 20mg #90, DOS: 9/2/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Retrospective Prilosec 20mg #90, DOS: 9/2/14 is not medically necessary

Retrospective Omeprazole 20mg #90, DOS: 6/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Retrospective Omeprazole 20mg #90, DOS: 6/10/14 is not medically necessary.

Retrospective Epidural steroid injections x 3, DOS: 8/15/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The medical record lacks sufficient documentation and does not support a referral request. Patient has had at least 4 previous steroid injections and reported minimal benefit. Retrospective Epidural steroid injections x 3, DOS: 8/15/14 is not medically necessary.

Retrospective Trigger point injections x 4 to the lumbar and cervical spine, DOS: 6/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. Retrospective Trigger point injections x 4 to the lumbar and cervical spine, DOS: 6/10/14 is not medically necessary.

Retrospective Mentherm Cream 240mg, DOS: 8/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Mentherm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Mentherm Gel. Retrospective Mentherm Cream 240mg, DOS: 8/5/14 is not medically necessary.

Retrospective Mentherm Cream 240mg, DOS: 9/2/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Menthoderm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Menthoderm Gel. Retrospective Menthoderm Cream 240mg, DOS: 9/2/14 is not medically necessary.

Retrospective Menthoderm Cream 240mg, DOS: 9/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Menthoderm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Menthoderm Gel. Retrospective Menthoderm Cream 240mg, DOS: 9/30/14 is not medically necessary.