

Case Number:	CM15-0143439		
Date Assigned:	08/04/2015	Date of Injury:	08/18/2000
Decision Date:	09/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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: Physical Medicine & Rehabilitation

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 72 year old male with an industrial injury dated 08/18/2000. The injured worker's diagnoses include cervical strain status post cervical fusion with residual cervical pain, thoracic strain, post traumatic headaches and dizziness, overuse syndrome with bilateral carpal tunnel syndrome status post bilateral carpal tunnel release, bilateral hand and wrist tendinitis, bilateral lateral epicondylitis, bilateral shoulder pain and secondary anxiety due to chronic pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03-24-2015, the injured worker reported neck pain with radiation to the upper extremities, mid back pain, greater on the left than right, bilateral shoulder pain, headaches, bilateral hand numbness and tingling, anxiety and difficulty sleeping. Objective findings revealed slight spasm of the paralumbar spine, mildly positive Spurling's sign to the right with scapular pain, mild tenderness of the posterior upper shoulder region, and mild tenderness with spasms of thoracic spine. Treatment plan consisted of medication management, labs, home exercise therapy and follow up appointment. The treating physician prescribed Norco 10-325mg one tablet every 6 hours as needed to control pain #120, Soma 350mg one tablet every 6 hours as needed for muscle spasm #90, Xanax 0.5mg twice per day as needed #30 for anxiety due to chronic pain and Methoderm topical cream (Methoderm contains Methyl Salicylate 15% and Menthol 10%), now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg ne tablet every 6 hours as needed to control pain#120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 08/18/00 and presents with neck pain, mid back pain, bilateral shoulder pain, headaches, bilateral hands numbness/tingling, anxiety, and difficulty sleeping due to pain. The request is for Norco 10/325 mg one tablet every 6 hours as needed to control pain #120. There is no RFA provided and the patient is permanent and stationary. The patient has been taking Norco as early as 09/30/14 and treatment reports are provided from 09/30/14 to 03/24/15. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited". Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)". However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 09/30/14 report indicates that the patient rates his pain as an 8/10 without medications and a 4/10 with medications. The 11/25/14 report states that the patient rates his pain as an 8/10 without medications and a 3-4/10 with medications. The 12/23/14 report indicates that he rates his pain as a 6/10. The 01/20/15 report states that he rates his pain as a 5/10. The 02/24/15 and 03/24/15 reports indicate that the patient rates his pain as a 5/10 and the pain goes up to a 10/10 without medication. Although there are before and after medication pain scales provided, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy or are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided prior to the 06/23/15 utilization review denial date. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is not medically necessary.

Soma 350mg one tablet every 6 hours as needed for muscle spasm #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 08/18/00 and presents with neck pain, mid back pain, bilateral shoulder pain, headaches, bilateral hands numbness/tingling, anxiety, and difficulty sleeping due to pain. The request is for Soma 350 mg one tablet every 6 hours as needed for muscle spasm #90. There is no RFA provided and the patient is permanent and stationary. The patient has been taking Soma as early as 09/30/14 and treatment reports are provided from 09/30/14 to 03/24/15. MTUS Guidelines, Muscle Relaxants, pages 63-66 states "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2 to 3-week period". This has been noted for sedated and relaxant effects. The patient has a mildly positive Spurling sign on the right with scapular pain, mild tenderness of the posterior upper shoulder region, and mild tenderness/spasm from T1-T7. He is diagnosed with cervical strain status post cervical fusion with residual cervical pain, thoracic strain, post traumatic headaches and dizziness, overuse syndrome with bilateral carpal tunnel syndrome status post bilateral carpal tunnel release, bilateral hand and wrist tendinitis, bilateral lateral epicondylitis, bilateral shoulder pain and secondary anxiety due to chronic pain. The 12/23/14 report states that Soma "helps a lot with cramping that the gets with muscle spasms". MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 09/30/14, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma is not medically necessary.

Xanax 0.5mg twice per day as needed #30 for anxiety due to chronic pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient was injured on 08/18/00 and presents with neck pain, mid back pain, bilateral shoulder pain, headaches, bilateral hands numbness/tingling, anxiety, and difficulty sleeping due to pain. The request is for Xanax 0.5 mg twice per day as needed #30 for anxiety due to chronic pain. There is no RFA provided and the patient is permanent and stationary. The patient has been taking Xanax as early as 09/30/14 and treatment reports are provided from 09/30/14 to 03/24/15. MTUS Guidelines, Benzodiazepines, page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks". The patient has a mildly positive Spurling sign on the right with scapular pain, mild tenderness of the posterior upper shoulder region, and mild tenderness/spasm from T1-T7. He is diagnosed with cervical strain status post cervical fusion with residual cervical pain, thoracic strain, post traumatic headaches and dizziness, overuse syndrome with bilateral carpal tunnel syndrome status post bilateral carpal tunnel release, bilateral hand and wrist tendinitis, bilateral lateral epicondylitis, bilateral shoulder pain and secondary anxiety due to chronic pain. The patient has been taking Xanax since 09/30/14, which exceeds the 4 weeks recommended by MTUS Guidelines. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS Guidelines. Therefore, the requested Xanax is not medically necessary.

Menthoderm topical cream (Menthoderm Contains Methyl Salicylate 15% and Menthol 10%): Overturned

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, NSAIDS Page(s): 111.

Decision rationale: The patient was injured on 08/18/00 and presents with neck pain, mid back pain, bilateral shoulder pain, headaches, bilateral hands numbness/tingling, anxiety, and difficulty sleeping due to pain. The request is for MENTHODERM TOPICAL CREAM (MENTHODERM CONTAINS METHYL SALICYLATE 15% AND MENTHOL 10%). The utilization review denial rationale is that there is no documentation providing objective evidence of functional gains associated with medication use to support the subjectively reported benefit. There is no RFA provided and the patient is permanent and stationary. The patient has been using this topical as early as 01/20/15 and treatment reports are provided from 09/30/14 to 03/24/15. MTUS Guidelines, Topical Analgesics NSAIDS, page 111 states that topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient has a mildly positive Spurling sign on the right with scapular pain, mild tenderness of the posterior upper shoulder region, and mild tenderness/spasm from T1-T7. He is diagnosed with cervical strain status post cervical fusion with residual cervical pain, thoracic strain, post traumatic headaches and dizziness, overuse syndrome with bilateral carpal tunnel syndrome status post bilateral carpal tunnel release, bilateral hand and wrist tendinitis, bilateral lateral epicondylitis, bilateral shoulder pain and secondary anxiety due to chronic pain. The 03/24/15 report states that Mentherm has helped control patient's chronic pain without pain medications and/or allowed patient to use less pain medications whenever patient can use mentherm. It has helped improve ADL and I-ADL functions. MTUS page 60 requires documentation of pain function when medications are used for chronic pain. It appears that Mentherm Cream is helping the patient's pain. Therefore, the requested Mentherm Cream IS medically necessary.