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| Case Number: | CM15-0020972 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 04/21/2006 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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: Texas, New York, 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 applicant is a represented 61-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 21, 2006. In a Utilization Review Report dated January 14, 2015, the claims administrator failed to approve a request for Norco, Menthoderm, and Calypso cream. The claims administrator referenced an RFA form received on January 8, 2015, in its determination. The applicant attorney's subsequently appealed. On December 29, 2014, the applicant reported highly variable elbow and shoulder pain currently rated at 6/10. 2/10 pain with medications versus 8/10 pain without medications. The applicant's primary pain generator was the shoulder and elbow pain. Norco was renewed. The applicant was placed off of work, on total temporary disability, for an additional three months. In an earlier note dated October 20, 2014, the applicant was given prescription for Norco, Menthoderm, and Calypso cream. 7/10 pain was noted. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120, no NDC #, no refill, Narc analgesic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 111-113,105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: 1. No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing Norco usage. While attending provider did recount some reduction in pain scores reportedly affected as a result of ongoing Norco consumption, these are/were, however, outweighed by the applicant's failure to return to work. The attending provider failed to outline any meaningful or material improvements in function affected as a result of the same. Therefore, the request was not medically necessary.

Menthoderm gel #120, no NDC#, no refills, topical analgesic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 105 of 127.

Decision rationale: 2. Similarly, the request for Mentoderm, a salicylate topical, was likewise not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topical such as Mentoderm are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendation. Here, however, the applicant was/is off of work on total temporary disability despite ongoing usage of Mentoderm. Ongoing usage of Mentoderm failed to curtail the applicant's dependence on opioids agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the Mentoderm. Therefore, the request is not medically necessary.

Calyprox cream no NDC #, no refill, topical analgesic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management. Decision based on Non-MTUS Citation CALYPXO PAIN RELIEF- methyl salicylate and menthol cream dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=bd9d0bc0-5705... Label: CALYPXO PAIN RELIEF- methyl salicylate and menthol cream. Chronic Pain Medical Treatment Guidelines Page 7 of 127.

Decision rationale: Similarly, the request for Calypso pain relief cream was likewise not medically necessary, medically appropriate, or indicated here. Calypso, per the National Library of Medicine, is a methyl salicylate containing topical compound. However, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variable such as 'other medications' into his choice of recommendations. Here, however, the attending provider failed to outline a clear or compelling rationale for concurrent usage of two separate salicylate topicals, namely Calypso and Methoderm. Therefore, the request was not medically necessary.