

Case Number:	CM15-0210697		
Date Assigned:	10/29/2015	Date of Injury:	08/11/2013
Decision Date:	12/11/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/27/2015

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 43 year old male (██████████), who sustained an industrial injury on 8-11-2013. The injured worker is being treated for thoracic spine and lumbar spine. Treatment to date has included medications. Per the Primary Treating Physician's Progress Report dated 9-16-2015 the injured worker presented for follow-up. He reported that he continues to have aggravation of pain from mid to low back, however varying depending on the movements. He rates the severity of his pain as 6-7 out of 10. He has been using the cream he received and that helps him relax a bit. Objective findings included tenderness at L4-5 and L5-S1 on deep palpation, primarily on the right side. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was currently working without restrictions. The plan of care included bilateral facet joint injection L4-5, continuation of home exercise, refill of Norco, Prilosec, and Exoten-C lotion containing methyl salicylate 20%-menthol 10%, and capsaicin 0002% 120gm. Authorization was requested for Norco 5-325mg #60 (DOS 9-16-2015) and Exoten-C lotion 120g #1. On 10-02-2015, Utilization Review modified the request for Norco 5-325mg #60 (DOS 9-16-2015) and non-certified the request for Exoten-C lotion 120g #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: 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, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In his case, there is a lack of objective documentation of functional improvement or quantifiable pain relief with the prior use of Norco. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325 mg #60 is not medically necessary.

Exoten-C lotion 120 g #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nwpharma.com/product/exoten-c/>.

Decision rationale: Per manufacturer information, Exoten-C lotion contains the ingredients Capsaicin 0.0002%, Menthol, and Methyl Salicylate 20%. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. There is no evidence that the injured worker is intolerant to other treatments. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Capsaicin is not recommended in this case. The request for Exoten-C lotion 120 g #1 is not medically necessary.