

<b>Case Number:</b>	CM14-0139341		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/31/1991
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old female who sustained an injury on 07/31/91 while lifting a heavy gate. The injured worker has been treated with physical therapy and required surgery for fractures of the bilateral humerus and wrists to include open reduction and internal fixation. The injured worker has also had repairs of the left rotator cuff with subacromial decompression and distal clavicle excision recently in May of 2014. The injured worker has also had recent revision procedures of a spinal cord stimulator in April of 2014. There were urine drug screens from 08/06/14 which noted inconsistent results with negative findings for Hydrocodone/Norco. The most recent evaluation was from 06/17/14 which noted that the injured worker has continued to have low back pain. The injured worker was utilizing Norco up to 2-3 times per day. The physical exam noted tenderness to palpation in the lumbar spine with loss of range of motion. There were positive provocative findings over the sacroiliac joints with sensory loss in a right L4-S1 distribution. Mild weakness was noted at the right quad, hamstrings, and on plantar/dorsal flexion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm gel, 4 ounces, QTY: 1, with 1 refill:** Upheld

**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, Page(s): 111-113.

**Decision rationale:** In regards to the use of Methoderm topical analgesic, this reviewer would not have recommended this request as medically appropriate. Methoderm contains menthol and is available over-the-counter. It can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, this reviewer would not recommend this request as medically appropriate.

**Hydrocodone/APAP 10/325 mg, QTY: 90, with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the use of Hydrocodone 10/325mg quantity 90 with one refill, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation did note negative findings for this medication on recent urine drug screen. As there is insufficient evidence to support the ongoing use of Norco, as well as indications regarding non-compliance, this reviewer would not have recommended this request as medically necessary.

**Urine drug screen for medication consistency, QTY: 10:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 5/15/2014, Urine Drug Testing (UDT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

**Decision rationale:** In review of the clinical records provided, the injured worker had been utilizing scheduled medications for an extended periods of time. There were no documented urine drug screens as of June of 2014. There was a recent urine drug screen noting inconsistent findings for expected Hydrocodone. Given the prior inconsistent results indicating issues with possible non-compliance, the current evidence based guidelines would recommend further randomized urine drug screen to test for further compliance. As such, this reviewer would recommend this request as medically necessary.