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| Case Number: | CM14-0140840 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 09/07/1998 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of September 7, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and topical agents. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for oral Ultracet and topical Menthoderm. The applicant's attorney subsequently appealed. In a September 3, 2014 progress note, the applicant reported persistent complaints of knee pain, 9/10. The applicant was apparently scheduled to undergo an ophthalmology procedure and had temporarily ceased medication consumption, it was suggested. Persistent complaints of knee, shoulder, low back, and mid back pain were noted with derivative complaints of dyspepsia and insomnia. Voltaren gel and Ultracet were endorsed. The attending provider posited that ongoing usage of Ultracet was ameliorating the applicant's knee pain and helping the applicant do unspecified amounts of activities of daily living. It was not specifically stated, however, which activities of daily living had been ameliorated. In an earlier note dated August 5, 2014, the applicant reported persistent complaints of low back pain, mid back pain, shoulder pain and knee pain with derivative allegations including insomnia and dyspepsia. 6/10 pain was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM GEL 4 OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 7, 105.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate Topicals such as Mentherm are recommended in the treatment of chronic pain, as is present here, this recommendation is qualified by commentary 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 recommendations. In this case, however, the applicant continues to report pain at the 6/10 level or greater, despite reported usage of Mentherm. The applicant is seemingly off of work with permanent limitations in place. Ongoing usage of Mentherm has failed to curtail the applicant's dependence on other forms of medical treatment, including opioid agents such as Ultracet. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of topical Mentherm. Therefore, the request is not medically necessary.

ULTRACET 37.5/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: 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. In this case, however, the applicant does not appear to be working with permanent limitations in place. The applicant continues to report pain at the 6/10 level or greater. The attending provider has failed to quantify any decrements in pain achieved as a result of ongoing opioid therapy and has, furthermore, failed to outline what activities of daily living have specifically been ameliorated with ongoing Ultracet usage. Therefore, the request is not medically necessary.