MAXIMUS Federal Services

Case Number:	CM14-0149605		
Date Assigned:	09/18/2014	Date of Injury:	01/21/2004
Decision Date:	11/05/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 Emergency 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 77-year-old male with a reported date of injury on 01/21/04. The mechanism of injury was from lifting. His diagnoses included facet-mediated lumbar pain, chronic low back pain, and Diabetes Mellitus. His past treatments included a rhizotomy at bilateral L3-4 and L4-5, blood work, single point cane for ambulation, rest, and medications. The physical exam dated on 07/09/14 noted the injured workers pain was 7-8/10, and on 09/10/14 the injured worker denied any significant changes to his condition with continual nausea and fatigue. He rates his pain at 7/10 for his lower back that radiates to his abdomen. He also reports stabbing and aching pain to the bilateral lower extremities with numbness and rates his pain without medications at 7/10 and with medications 3/10. He also reports standing increases his pain and that there is not much that helps to relieve his pain. The physical exam reported a decrease in range of motion, increase pain with lumbar extension, positive facet challenge to the lumbar spine bilaterally. Tenderness to palpation over the L3-L4 facets and straight leg produces pain in the calf at 50 degrees. Urine drug screening was consistent and there is documentation of no aberrant behavior with no lost meds, no early refills, or request for increase. The injured worker's current medications are Norco 10/325mg every 6 hours as needed, OxyContin 10mg two to three per day as needed, Senna-S twice a day as needed for constipation. The rationale to continue the OxyContin is for long term pain relief and use Norco for break through pain. The rationale from 09/17/14 exam reports the trial use of Menthoderm topical therapy is to "cure and/or relieve from the effects of the patient's industrial injury". The Request for Authorization Form was submitted on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 78.

Decision rationale: The request for the Decision for Oxycontin 10mg #60 is not medically necessary. His medications were noted to provide relief from 7/10 to 3/10, with no aberrant behaviors noted with documentation of UDS to show compliance and Labs to report no adverse effects. The California MTUS guidelines states four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The documentation submitted for review indicates that the use of oxycodone has helped; however, there was no documentation that provided information regarding the patient's increase in functional ability or screening for adverse side effects. As such, the request is found to be not medically necessary.

Menthoderm ointment 4oz. #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation; Iowa City (IA)University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core: 2009 Oct. 51p (44 references)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Page(s): 111-112.

Decision rationale: he request for Menthoderm ointment 4oz. is not medically necessary. The injured worker complained of ongoing pain mostly to his lower back that radiates to his abdomen and lower extremities. Menthoderm contains methyl salicylate 15% and menthol 10%. The California MTUS Guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended and recommends the use of non-steroidal anti-inflammatory drugs as topical for treatment of osteoarthritis or tendinitis for short-term use and do not recommend the use of topical non-steroidal anti-inflammatory drugs for treatment of the spine, hip, or shoulder. With the etiology deriving mostly from the spine the use is for an unapproved body part. Moreover, there was no indication why the patient was unable to utilize the oral from of the medication. Thus, the request for Menthoderm ointment 4oz. is not medically necessary.