

<b>Case Number:</b>	CM14-0149750		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/26/2007
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62 year old male with an injury date of 03/26/07. Per the 06/20/14 report by [REDACTED], the patient presents with neck pain and stiffness rated at 5/10 upon waking that is exacerbated by turning his neck left greater than right. He also presents with aching, stabbing, cramping left hip pain increased by long walks along with lower back pain rated 6/10. The treating physician recommends a cane for ambulation. It is not stated if the patient is currently working. Examination reveals antalgic gait with tenderness to palpation of the lumbar spine extending into the bilateral paraspinal region. Sensation is diminished on the left L3, L4, L5 and S1 dermatomes. The patient's diagnoses are: 1. Status post MLD on the left at L5-S12. Cervical spinal stenosis. Medications are listed as Norco and Terocin Cream. The utilization review being challenged is dated 07/03/14. Reports were provided from 01/17/14 to 07/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 7.5/325mg #90- dispensed 7/25/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, On-Going Management Page(s): 78, 88, 89, 78.

**Decision rationale:** The patient presents with neck pain and stiffness rated 5/10, left hip pain, and lower back pain rated 6/10. The treating physician requests for Hydrocodone APAP 7.5/325 mg #90 dispensed 07/25/14. The reports provided show that this has been a continuing medication (Norco) since 02/28/14. On 06/20/14 the treating physician notes the patient takes the medication intermittently. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treating physician does use scales to assess pain and on 06/20/14 it is noted that medications (Norco and Terocin cream) help the patient's pain and allow increased function. This report also notes that side effects and potential complications were discussed with the patient. Opiate management issues were not fully discussed; however, as no urine toxicology issues are addressed. Furthermore, no specific activities of daily living (ADL's) are mentioned to show a significant change with use of this medication as required by MTUS above. Therefore, the request is not medically necessary.

**Menthoderm Gel 4oz dispensed 7/25/14:** 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.

**Decision rationale:** The patient presents with neck pain and stiffness rated 5/10, left hip pain, and lower back pain rated 6/10. The treating physician requests for Menthoderm Gel 4 oz. dispensed 07/25/14. Menthoderm is a compound analgesic containing Methyl Salicylate and Menthol. MTUS page 111 states that Topical Analgesics (NSAIDs) are indicated for peripheral joint arthritis/tendinitis. This patient does not present with peripheral joint problems. The request is not medically necessary.