MAXIMUS Federal Services

Case Number:	CM14-0161084		
Date Assigned:	10/06/2014	Date of Injury:	06/22/2008
Decision Date:	10/30/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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 50 years old female with an injury date on 06/22/2008. Based on the 09/02/2014 progress report provided by [redacted], contain medications prescription and request. No subjective or objective findings were included in this report. The 07/08/2014 report indicates the patient continue to complains of severe left knee pain with popping, grinding, difficulty with standing, walking, and stair climbing. The patient also complains of localized low back pain with episodes of pain extending down both legs. Physical exam reveals mild tenderness and spasm over the lumbar paraspinal musculature, bilaterally. Positive straight leg rise, bilaterally. Decreased range of motion is noted. The patient's diagnoses are:1. Bilateral knee tricompartment osteoarthritis, right side greater than left, with history of right knee arthroscopy (July 2006)2. Lumbar musculoligamentous sprain/strain with radiculitis3. Bilateral plantar fasciitis, unchanged, not evaluated.4. Left ring finger and bilateral little finger deformities of unknown etiology5. History of stress, anxiety and sleep difficulties6. History of gastrointestinal upset secondary to chronic medication usage.There were no other significant findings noted on this report. The utilization review denied the request on09/26/2014. [redacted] is the requesting provider, and he provided treatment reports from 07/08/2014 to 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin Lotion 120 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines require documentation of pain and function when medications are used Page(s): 60.

Decision rationale: According to the 07/08/20014 report by [redacted] this patient presents with of severe left knee pain and localized low back that extends down both legs. The provider is requesting Ultracin Lotion 120 gram. Ultracin composed of Methyl salicylate 28%; menthol 10%; and capsaicin 0.025%. Regarding Capsaicin 0.025%, MTUS states "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Review of reports show there were no mentions of the patient has "intolerant to other treatments." For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. In this case, the patient has osteoarthritis in knees, for which a topical NSAID may be indicated. However, the provider does not indicate how this topical is being used with what efficacy. MTUS require documentation of pain and function when medications are used for chronic pain (p60). Recommendation is for denial.

Norco 5/325mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9; 67-70; 74, 78-97; 105;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, and 76-78.

Decision rationale: According to the 07/08/20014 report by [redacted] this patient presents with of severe left knee pain and localized low back that extends down both legs. The provider is requesting Norco 5/325mg QTY: 120. For chronic opiate use, 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 4As (analgesia, activities of daily living (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. Norco was first prescribed on 07/29/2014; it is unknown exactly when the patient initially started taking this medication. In this case, none of the reports show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, recommendation is for denial.