

Case Number:	CM14-0163036		
Date Assigned:	10/08/2014	Date of Injury:	08/13/2001
Decision Date:	11/12/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 49 year old male who was injured on 8/13/2001. The diagnoses are low back pain and status post lumbar fusion and discectomy. There are associated diagnoses of anxiety, depression, muscle spasm, gastritis and constipation. The past surgery history is significant for multiple lumbar spine laminectomies, fusions and revision surgeries. A spinal cord stimulator was implanted in 2005 and reprogrammed in 2013. On 8/22/2014, [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities associated with numbness and tingling sensations. There were objective findings of antalgic gait, paraspinal muscle spasm and decreased sensation along the lower extremities dermatomes. The medications are Norco, Opana and topical analgesic products for pain, Xanax for anxiety, Remeron for depression and insomnia, docusate for the treatment of opioid induced constipation and Prilosec for gastritis. A Utilization Review determination was rendered on 9/4/2014 recommending non certification for Medi-patch cream, Medrox cream, UDS and Norco 10/325mg #90 1 refill modified to #82.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for maintenance treatment of chronic musculoskeletal pain when non opioid medications, PT, surgical options have been exhausted. The chronic use of high dose opioids is associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the patient is also utilizing Opana, Remeron and Xanax. There is no documentation of compliance measures including Pain Contract, UDS or absence of aberrant behaviors. The criteria for the use of Norco 10/325mg #90 was not met therefore, this request is not medically necessary.

Medi-patches (Capsaicin 0.035%, Lidocaine 0.5%, Menthol 5%, and Methyl Salicylate 20%) #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for maintenance treatment of chronic musculoskeletal pain when non opioid medications, PT, surgical options have been exhausted. The chronic use of high dose opioids is associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the patient is also utilizing Opana, Remeron and Xanax. There is no documentation of compliance measures including Pain Contract, UDS or absence of aberrant behaviors. The criteria for the use of Norco 10/325mg #90 was not met therefore this request is not medically necessary.

Medrox cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when the patient cannot tolerate or have exhausted treatment with anticonvulsant and antidepressant medications.

The records did not show that the patient have failed treatment with first line medications. The patient is also utilizing high dose opioids and spinal cord stimulator for the management of the musculoskeletal pain. The guidelines recommend that topical products be tried and evaluated individually for efficacy and adverse effects. There is lack of guidelines support for the use of menthol or methyl salicylate for the treatment of chronic musculoskeletal pain. The criteria for the use of Medrox cream containing capsaicin 0.0375% / menthol 5% / methyl salicylate 20% was not met therefore, this request is not medically necessary.

1 Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug screens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that UDS can be performed at initiation of chronic opioid treatment and randomly up to 4 times a year for monitoring and for red flag behavior. The records indicate that the patient is utilizing multiple opioids and sedative medications. There was no documentation of any UDS that was performed in the past 6 months. The criteria for UDS test was met therefore this request is medically necessary.