

Case Number:	CM14-0211389		
Date Assigned:	12/24/2014	Date of Injury:	01/20/2011
Decision Date:	03/09/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 claimant has a history of a cumulative trauma work-related injury with date of injury of 01/20/11 when he had back and leg pain occurring while lifting and turning with heavy boxes and throwing them upwards. Treatments included a lumbar spine fusion. He has had physical therapy, medications, and receives cognitive behavioral therapy (CBT) for chronic pain. He was seen for psychological follow up on 06/12/14. There was concern that his lumbar fusion had not healed. He was noted to ambulate without use of a cane and was not using a lumbar support. Treatments included ongoing CBT. He was seen for a pain management evaluation on 07/23/14. He was having back and leg pain. Pain was rated at 4-6/10. Medications were OxyContin, Percocet, amitriptyline, and diazepam. Physical examination findings included diffuse spinal tenderness with decreased and painful range of motion. There was give way weakness in the upper and lower extremities possibly due to pain. Sensory testing was inconsistent. Butrans was prescribed and Percocet was continued. Brintellix was prescribed for treatment of depression. On 10/22/14 he had an anxious mood and moderate pain behaviors. On 11/12/14 the claimant was frustrated due to non-authorization of treatments. Physical examination findings included diffuse spinal tenderness with decreased and painful lumbar spine range of motion and positive straight leg raising. Authorization for a transforaminal epidural injection was requested. OxyContin 10 mg #60, Percocet 10/325 mg #90 were refilled and Mentoderm was started. The claimant is referenced as very reluctant to take many medications due to the risk of side effects and Mentoderm as seeming to fit well with his philosophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy x 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBT Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive behavioral therapy (CBT)

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic low back pain. Treatment has included a lumbar spine fusion with possible pseudarthrosis. He has had cognitive behavioral therapy since before June 2014. In term of cognitive behavioral therapy, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 13-20 weeks. In this case the claimant has had in excess of the number of treatment sessions without evidence of functional improvement and therefore this request was not medically necessary.

Methoderm Gel 240gms: Overturned

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 Medications for chronic pain; Topical Analgesics Page(s): 60; 111-113.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic low back pain. Treatment has included a lumbar spine fusion with possible pseudarthrosis. Methoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. He has pain including localized low back pain that could be amenable to topical treatment. Therefore, Methoderm was medically necessary.

Percocet 10/325mg # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80; 86.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic low back pain. Treatment has included a lumbar spine fusion with possible pseudarthrosis. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.