

Case Number:	CM14-0038509		
Date Assigned:	06/27/2014	Date of Injury:	05/13/2013
Decision Date:	01/26/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 Rehab, 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 58 year old male with the injury date of 05/13/13. Per physician's report 1/21/14, the patient has neck pain at 3-4/10 with rest and 6-7/10 with lifting and carrying activities. The patient also has lower back pain, radiating down his left leg, at 3-4/10 and 7/10 with prolonged standing, sitting or repetitive bending. The patient presents limited range of neck or lumbar motion. The lists of diagnoses are: 1) Chronic cervical sprain/ strain with cervical disc herniation and degenerative disc disease noted in the lower cervical spine on MRI scan 2) Lumbar sprain/ strain with MRI scan confirming annular tear at L4-5 with persistent intermittent left lower extremity radiculopathy Per 01/16/14 progress report, the patient has severe neck pain 6-7/10 with right upper extremity radiculopathy. The patient is taking Neurontin, Soma, Anaprox, Norco and topical Capsaicin cream. Per 12/02/13 progress report, the patient is taking Methoderm cream, Neurontin, and Ultram. The utilization review determination being challenged is dated on 03/07/14. Treatment reports were provided from 01/03/13 to 01/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL COMPOUNDING MEDICATIONS Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topical Page(s): 111-113; 105.

Decision rationale: The patient presents with pain in her neck and lower back. The request is for Methoderm 120ml. Methoderm gel contains Methyl salicylate 15.00% and Menthol 10.00%. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Per MTUS, the specific indications for topical NSAIDs are peripheral joint arthritis/tendinitis problems. Per 12/02/13 progress report, the patient has utilized Methoderm cream in the past. The review of the reports does not show any discussion specific to Methoderm gel or how this cream has helped the patient in terms of pain reduction or functional improvement. This patient does not present with peripheral joint arthritis/tendinitis problems. The request is not medically necessary.

Fexmid 7.5 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain in her neck and lower back. The request is for Fexmid 7.5mg #60. MTUS guidelines, pages 63-66 state: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the patient appears to have not tried Fexmid in the past. However, the treater does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request is not medically necessary.

Ultram 150 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with pain in her neck and lower back. The request is for Ultram 150mg #60. The patient has been utilizing Ultram since at least 12/02/13. Regarding chronic opiate use, MTUS guidelines page 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 4A'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 review of the reports does not show any discussion specific to this medication. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed. There are no before and after pain scales required by the MTUS. There is lack of sufficient documentation demonstrating efficacy for chronic opiate use. The request is not medically necessary.

Neurontin 600 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin; medication for chronic pain Page(s): 18-19; 60.

Decision rationale: The patient presents with pain in her neck and lower back. The request is for Neurontin 600mg #90. The patient has been utilizing Neurontin since at least 01/16/14. MTUS guidelines page 18 and 19 states that ""Gabapentin (Neurontin, Gaborone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, while the patient presents with neuropathic pain, that of radiculopathy with radiating pain down the leg, the treater does not discuss efficacy in terms of pain and function. MTUS require documentation of at least 40% reduction of pain with initial trial for chronic use of this medication. MTUS page 60 also require recording of pain and function when medication is used for chronic pain. Given the lack of any documentation in any of the reports regarding how this medication has been effective, the requested Gabapentin is not medically necessary.