

Case Number:	CM15-0015458		
Date Assigned:	02/03/2015	Date of Injury:	07/03/2013
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 26 year old female, who sustained an industrial injury on 7/3/13. She has reported right hip and low back injury after pushing a pallet with her right foot. The diagnoses have included lumbar strain and sprain, lumbar disc displacement, lumbago and thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included medications, diagnostics, steroid injections, physical therapy, interferential therapy and acupuncture. Currently, the injured worker complains of constant low back pain with radiation to bilateral lower extremities. The pain is aggravated by prolonged sitting, standing, or activity. Physical exam revealed tenderness to lumbosacral spine, decreased range of motion and spasm. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 11/13/14 revealed disc degeneration, disc protrusion with stenosis. On 1/19/15 Utilization Review non-certified a request for Norco 5/325mg #60 and Mentherm Ointment, noting that regarding the Norco 5/325mg, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Regarding the Mentherm Ointment, the request does not clarify dosage or quantity and therefore is not medically necessary. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78-90 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 7/3/13. The medical records provided indicate the diagnosis of lumbar strain and sprain, lumbar disc displacement, lumbago and thoracic/lumboscaral neuritis/radiculitis. Treatment to date has included medications, diagnostics, steroid injections, physical therapy, interferential therapy and acupuncture. The medical records provided for review do not indicate a medical necessity for Norco 5/325mg #60. The records indicate the injured worker has been using opioids for at least one year without documented evidence of pain reduction or improvement in function. The MTUS does not recommend the use of opioids for more than 70 days in the treatment of chronic pain due to limited studies beyond this period. Also, the MTUS recommends discontinuation of opioid use if there is no evidence of pain reduction or functional improvement.

Menthoderm Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 and 111.

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

Decision rationale: The injured worker sustained a work related injury on 7/3/13. The medical records provided indicate the diagnosis of lumbar strain and sprain, lumbar disc displacement, lumbago and thoracic/lumboscaral neuritis/radiculitis. Treatment to date has included medications, diagnostics, steroid injections, physical therapy, interferential therapy and acupuncture. The medical records provided for review do not indicate a medical necessity for Mentoderm Ointment. Mentoderm is a topical analgesic containing methyl salicylate and menthol. The MTUS recommends against the use of any compound topical analgesic that contains a any agent that is not recommended. Menthol is not recommended as a topical analgesic.