MAXIMUS Federal Services

Case Number:	CM15-0177560		
Date Assigned:	09/18/2015	Date of Injury:	03/11/2015
Decision Date:	11/09/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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: California
Certification(s)/Specialty: Emergency 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 54 year old female who sustained an industrial injury on 3-11-15. A review of the medical records indicates she is undergoing treatment for cervical musculoligamentous injury, cervical muscle spasm, rule out cervical disc protrusion, thoracic musculoligamentous injury, lumbar musculoligamentous injury, lumbar muscle spasm, rule out lumbar disc protrusion, left shoulder myoligamentous injury, left shoulder muscle spasm, rule out left shoulder internal derangement, lumbar spine sprain and strain with radiculitis on the left, left knee contusion, left ankle sprain, left shoulder weakness, cervical spine sprain and strain with radiculitis, and status post work-related injury. Medical records (6-10-15 to 8-10-15) indicate ongoing complaints of neck pain, upper to mid back pain, low back pain radiating to left leg, and left shoulder pain radiating to the left arm and fingers with weakness. She rates her lower back pain 7-8 out of 10 and indicates that it is "constant pain". She reports sleeping difficulty related to her pain (7-31-15). The physical exam (7-31-15) indicates tenderness to palpation of the paravertebral muscles, positive straight leg raising, and decreased range of motion of the lumbar spine. Diagnostic studies have included x-rays of the cervical and lumbar spine, an MRI of the left shoulder, and an MRI of the lumbar spine. Treatment has included Chiropractic treatment, physical therapy, acupuncture, and medications. The injured worker has been receiving Norco since, at least, 6-10-15, which she tested positive for Hydrocodone on urine toxicology drug screen. On 8-4-15, she also tested positive for Meprobamate. The treatment recommendations on 7-31-15 included the continuation of a home exercise program, a lumbar epidural steroid injection, and prescriptions for Norco 10-325, #90, Soma 350mg, #60,

Prilosec, Lunesta, and menthoderm cream. The utilization review (8-11-15) indicates modification of Norco to a quantity of 70 to allow for weaning, and denial of Soma, Prilosec, and Menthoderm. The Soma was denied to do "no explicit documentation of spasm relief from use of the medication. The Prilosec denial rationale indicates "no documentation of GI distress symptoms", and the Menthoderm rationale indicates that topical analgesics are not recommended, as "they are considered largely experimental without proven efficacy".

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

Soma 350 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long- term use, the request is not medically necessary.

Prilosec 20 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated prophylactically. Criteria for risk are as follows: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Due to the fact the patient does not meet to above stated criteria, the request for use is not medically necessary.

Menthoderm gel Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: The request is for the topical use of menthol. The MTUS and ACOEM as well as ODG do not comment specifically regarding this topic. The ACOEM guidelines do generally state that the use of topical analgesic therapy for pain control does not have good support regarding efficacy. In this case, the use of topical menthol would not be evidence based with poor scientific literature supporting its use for the patient's condition. As such, the request is not medically necessary.