

Case Number:	CM15-0035403		
Date Assigned:	03/03/2015	Date of Injury:	07/14/2003
Decision Date:	06/22/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/25/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 36 year old female who sustained a work related injury on July 14, 2003, after picking up boxes of paper, developing an acute onset of lower back pain. A Magnetic Resonance Imaging (MRI) revealed a disk bulge of the lumbosacral spine associated with an annular tear. Treatment included physical therapy, and medications. She was diagnosed with lumbar disk disease with disk protrusion and annular tear. Currently, the injured worker complained of persistent back pain radiating down into her legs. On February 13, 2015, a request for one prescription of Norco 10/325 mg; one prescription of Aspercreme 10% lotion; one prescription of Omeprazole 20 mg, one prescription of Terocin Patch #30; one prescription of Methoderm lotion 2 bottles; and a request for 16 sessions of physical therapy was non-certified by Utilization Review, noting the California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg: Upheld

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; 4) On-Going Management; 6) When to Discontinue Opioids; 7) When to Continue Opioids for chronic pain Page(s): 78-80.

Decision rationale: The IW has been on long term opioids and recently underwent surgery. Documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

Aspercreme 10% lotion: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Salicylate topicals.

Decision rationale: Per ODG guidelines topical salicylates are recommended as an option. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in acute and chronic pain, but especially acute pain. Three double blind placebo controlled trials had information on 182 patients with acute conditions. There is no clear indication in the documentation that the Aspercreme is to be utilized for, without a clear indication or site of pain the request is not medically necessary and appropriate.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines the use of gastrointestinal protectants in conjunction with NSAID use is to be based on risk factors and if required a proton pump inhibitor is to be initiated. There were no risk factors or history of gastrointestinal problems noted in the chart. Risk factors are: (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). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. Progress notes state that the IW was started on omeprazole for GI upset with NSAID use but had no risk factors for gastrointestinal sequelae. This request is not medically necessary and appropriate

Terocin patch #30: Upheld

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

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

Decision rationale: MTUS guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. The documentation in the case file does not indicate that the IW tried any other medications without success. Even though menthol is approved for topical use this cannot be approved due to other components not being medically necessary. This request is not medically appropriate and reasonable.

Menthoderm lotion two bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications - Salicylates.

Decision rationale: ODG guidelines recommended topical salicylates as an option. Mentoderm is an over the counter topical gel solution. The blend of ancient natural remedies Methyl Salicylate and Menthol. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in acute and chronic pain, but especially acute pain. There is no clear indication in the documentation that the Mentoderm is to be utilized for, without a clear indication or site of pain the request is not medically necessary and appropriate.

Sixteen sessions of physical therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Physical therapy (PT).

Decision rationale: Per the ODG guidelines physical therapy for intervertebral disc disorders without myelopathy would be covered for 10 visits over 8 weeks. There is documentation that the IW had previous physical therapy for the low back. The request is for greater than the recommendations state and the IW had already had therapy. The request is not medically necessary.