MAXIMUS Federal Services

Case Number:	CM15-0090233		
Date Assigned:	05/14/2015	Date of Injury:	01/18/2013
Decision Date:	07/07/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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: Indiana
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 57 year old male, who sustained an industrial injury on 1/18/13. The diagnoses have included lumbar strain/sprain, lumbar spine Herniated Nucleus Pulposus (HNP), lumbar degenerative disc disease (DDD), and lumbago. Treatment to date has included medications, physical therapy, chiropractic, injections, piriformis muscle release, pool therapy, surgery, and other modalities. Currently, as per the physician progress note dated 4/9/15, the injured worker complains of constant lumbosacral pain rated 7/10 on pain scale which is unchanged from previous visits. The objective findings reveal antalgic gait and strength in the bilateral lower extremities is 5/5. There were no other physical findings noted. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left wrist dated 10/13/14 reveals ligament tear, degenerative change, synovial cyst, and osteoarthritis. The current medications included Soma, Norco, Omeprazole, and Menthoderm ointment. The urine drug screen dated 2/12/15 was inconsistent with the medications prescribed. The physician requested treatments included Norco 10/325mg, #90, Menthoderm Ointment 240g, Urine Toxicology, Hot/Cold Therapy Unit and Soma 350mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing 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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco is not medically necessary.

Menthoderm Ointment 240g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: Methoderm/Thera-Gesic is the brand name version of a topical analgesic containing methyl salicylate and menthol. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do no indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." In this case, the treating physician does not document the failure of first line treatments. As such, the request is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; drug testing Page(s): 43, 71-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, use of drug screening or inpatient treatment is used with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. High risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. As such, the current request is not medically necessary.

Hot/Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic) Cold / Heat Packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Pain, Heat/cold applications.

Decision rationale: ACOEM and ODG comment on heat/cold packs as Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. The guidelines do appear to recommend short term use of heat application, but does further state that the evidence is supportive. With a date of injury of 2013, the patient is significantly past the "acute" phase of the injury. As such, the request is not medically necessary.

Soma 350mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma and muscle relaxants Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol).

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for SOMA 350MG, #60 is in excess of the guidelines and weaning should occur. As such, the request is not medically necessary.