

Case Number:	CM14-0000937		
Date Assigned:	01/22/2014	Date of Injury:	07/11/1997
Decision Date:	06/26/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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 57-year-old female who was injured on 07/11/1997. The mechanism of injury is unknown. The patient's medications as of 04/10/2013 include: (VAS 5/10 with medications) Capsaicin 0.075%, Methadone 10 mg, Nabumetone-relafen 500 mg, Amitriptyline Hcl 50 mg, Atenolol, Flexeril, Glipizide, Metformin, Neurontin, and Simvastatin. The patient's medications as of 09/12/2013 include Capsaicin 0.075%, Methadone 10 mg, Nabumetone-relafen 500 mg, Amitriptyline Hcl 50 mg, Gabapentin 600 mg, aspirin 81 mg, Atenolol, Glipizide, Metformin, and Simvastatin. Pain and Rehab note dated 10/15/2013 states the patient presents with low back and left lower extremity pain. Pain and Rehab note dated 09/12/2013 reports the patient presents with complaints of low back and left lower extremity pain. The patient notes that her pain is increased to 8/10 due to the colder weather, but otherwise there are no acute changes. She continues to have pain radiated down the posterior aspect of her left lower extremity to her knee. She also continues to experience numbness and tingling in her bilateral hands, feet, and lips. She continues to utilize medications with benefit and improved function. She denies adverse effects. On exam, the patient ambulates to the exam room without assistance. Diagnoses are post laminectomy lumbar syndrome and lumbago. Pain and Rehab note dated 04/10/2013 indicates the patient continues to complain of pain in her low back and left lower extremity pain. There are no acute changes to her pain condition. She notes her pain is aggravated with activities, over exertion, bending, and walking. She also notes her pain is alleviated with hot showers and warmer weather. She reports that her left lower extremity is weak and she has experienced a couple of falls due to this. She is requesting a cane. The patient rated her pain as 5/10 with medications and she notes that medications do help some with the pain. She reports she is having family issues and other things going on so she has not been able to make her appointment for initial evaluation for the Functional Restoration Program (FRP) yet. She continued to

take her medications and is tolerating this well. She denies any side effects. Objective findings on exam reveal an antalgic gait. Deep tendon reflexes are symmetrical bilaterally to the patella and Achilles. There is no clonus sign noted bilaterally. Lumbar extension is measured to be 5 degrees; lumbar flexion is measured to be 30 degrees; straight leg raise is positive on the left and spasm and guarding is noted in the lumbar spine. Dorsiflexion strength is 4/5 on the left; Knee extension motor strength is 4/5 on the left and plantar-flexion strength is 4/5 on the left. Prior utilization review dated 12/06/2013 notes decision for Methadone was not approved as the patient was not taking medication as previously prescribed as per urine screen which was negative for methadone. Capsaicin was not approved as it is recommended as an option if the patient has not responded or is intolerant to other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR CAPSAICIN .075% CREAM: Upheld

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

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

Decision rationale: As per California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are primarily recommended for neuropathic pain when oral medications have failed. Topical capsaicin is recommended only as an option in patients who have not responded or are intolerant of other standard treatments. The patient is a 57 year old female with chronic low back pain. Capsaicin is reported to provide benefit. However, there is no documentation of clinically significant functional improvement from use of capsaicin. Furthermore, the patient continues to take gabapentin for neuropathic pain, which is incongruent with the assertion that the patient has failed oral medications for neuropathic pain. The request for Capsaicin .075% Cream is not necessary and appropriate.

RETROSPECTIVE REQUEST FOR METHADONE 10MG TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Methadone, & Opioids, criteria for use, Page(s):.

Decision rationale: As per California Medical Treatment Utilization Schedule (MTUS), Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The patient is a 57 year old female with chronic low back pain. She has been taking methadone on a chronic basis. Provided medical records fail to establish clinically significant functional improvement from use of methadone. Furthermore, the patient is noted to have taken methadone in excess of the prescribed amount on a least one occasion. She

had two recent urine drugs screens in which Methadone was not detected. She was positive for Marijuana on a recent urine drug screen. Medical necessity is not established due to lack of demonstrated efficacy and aberrant behavior.