

Case Number:	CM13-0011728		
Date Assigned:	09/30/2013	Date of Injury:	09/25/2006
Decision Date:	01/15/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 49 year old male with a date of injury on 9/25/06. The progress report dated 7/3/13 by [REDACTED] noted that the patient continues with chronic low back pain with bilateral lower extremity numbness, tingling, and pain to the feet. The patient reported that the pain medication helps decrease his pain and he denies any side effects. No discussion of pain level with or without pain medication or specific functional improvement with the use of pain medication was noted by the treating provider in regards to the pain medication on the following dates of service: 5/2/13, 4/29/13, 3/20/13, 2/13/13. The patient's diagnoses include status post exploration of the fusion, L5-S1 with extension of fusion to L4-S1 7/24/12; status post MLD L4-5 and L5-S1 in 2007; s/p lumbar fusion L5-S1 in 2009; lumbar radiculopathy; diabetes mellitus. A request was made for Norco 5/325mg #90 and topical Ketoprofen cream 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 prescription Hydrocodone/APAP 5/325 mg #90.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Long-term Users of Opioids (6-months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 88, 89.

Decision rationale: The progress report dated 7/3/13 by [REDACTED] noted that the patient continues with chronic low back pain with bilateral lower extremity numbness, tingling, and pain to the feet. The patient reported that the pain medication helps decrease his pain and he denies any side effects. No discussion of pain level with or without pain medication or specific functional improvement with the use pain medications was noted by the treating provider in regards to the pain medication on the following dates of service: 5/2/13, 4/29/13, 3/20/13, and 2/13/13. A request was made for Norco 5/325mg #90 and topical Ketoprofen cream 20%. MTUS requires documentation of pain reduction, improved function and quality of life. Under outcome measures, it also recommends documentation of current pain; average pain; best pain; time it takes for medication to work; duration of pain relief with medications, etc. None of the reports reviewed contain this information. Recommendation is for denial.

Request for 1 prescription for compound topical Ketoprofen cream 20% (CM3): 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 Section Topical Analgesics Page(s): 111-113.

Decision rationale: The progress report dated 7/3/13 by [REDACTED] noted that the patient continues with chronic low back pain with bilateral lower extremity numbness, tingling, and pain to the feet. The patient reported that the pain medication helps decrease his pain and he denies any side effects. No discussion of pain level with or without pain medication or specific functional improvement with the use pain medications was noted by the treating provider in regards to the pain medication on the following dates of service: 5/2/13, 4/29/13, 3/20/13, and 2/13/13. A request was made for Norco 5/325mg #90 and topical Ketoprofen cream 20%. MTUS (pg. 111-113) states that topical NSAIDs are indicated for peripheral joint arthritis and tendinitis conditions and Ketoprofen is not currently FDA approved for a topical application. Therefore, recommendation is for denial