

Case Number:	CM13-0017619		
Date Assigned:	10/11/2013	Date of Injury:	08/04/1995
Decision Date:	08/13/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/28/2013

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 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 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 injured worker is a 55-year-old male with a reported injury on 08/04/1995. The mechanism of injury was not provided. On 02/24/2014, the injured worker's pain was 6-7/10 and the provider requested a refill of Hydrocodone 10mg #360 one to two tablets every 4-6 hours as needed for chronic pain and Vicoprofen 7.5/200 #130 one tablet 4-5 times per day as needed for His diagnoses consisted of lumbar spine sprain/strain syndrome, lumbar radiculopathy secondary to multiple disc bulge protrusions, degenerative disc facet joint disease, diffuse broad based disc bulging along with degenerative changes of bilateral facet joints, and ligamentum flavum redundancy at level L5-S1 causing mild bilateral neural foraminal stenosis, discogenic lumbar spine pain, bilateral hemilaminectomy surgery in 1995 and then again 2005, failed back surgery syndrome, and depression and anxiety. Prior treatments included epidural steroidal injections in 01/2013 and also in 03/2013 which provided a 60% to 65% reduction of his radicular pain. The treatment plan included recommendations for hydrocodone, Vicoprofen, and the cyclo 10% topical muscle relaxant plus the GABA 10% topical nerve pain cream. The request for authorization was signed and dated on 07/15/2013. The provider's rationale for the requests was to address his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLO 10% TOPICAL MUSCLE RELAXANT PLUS GABA 10% TOPICAL NERVE PAIN CREAM 150GM 7/15/13 RPT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESTICS Page(s): 111-113.

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

Decision rationale: The request for cyclo 10% topical muscle relaxant plus gaba 10% topical nerve pain cream 150 gm 7/15/13 rpt is non-certified. The California MTUS Guidelines note any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines note there is no evidence to support the use of muscle relaxants for topical application. Gabapentin is not recommended for topical application as there is no peer-reviewed literature to support its use. As the guidelines note any compounded product that contains at least one drug or drug class that is not recommended and the medication is comprised of a muscle relaxant and gabapentin which are both not recommended, the medication would not be recommended. Therefore, the request for cyclo 10% topical muscle relaxant plus gaba 10% topical nerve pain cream 150 gm 7/15/13 rpt is not medically necessary.

HYDROCODONE 10 MG #270 7/15/13 RPT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The request for hydrocodone 10 mg #270 7/15/13 rpt is non-certified. The California MTUS Guidelines recommend for ongoing therapy of opioids that there be documentation and monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. There is a lack of evidence of the level of pain relief and the efficacy of this medication. There is no evidence of any side effects mentioned. There were no physical functioning deficits provided. A urinalysis was performed on 03/06/2013, which was positive for other prescription drugs that were not prescribed to the injured worker; however, hydrocodone and hydromorphone were also detected in the urine, which was consistent with the prescribed medications. An adequate and complete pain assessment was not provided. The California MTUS Guidelines suggest the discontinuation of opioid medications if there is no overall improvement in function unless there are extenuating circumstances. There is a lack of documentation demonstrating the efficacy of the medication as evidenced by objective functional improvement with the medication. Therefore, the request for HYDROCODONE 10 MG #270 7/15/13 RPT is not medically necessary.