MAXIMUS Federal Services

Case Number:	CM13-0043054		
Date Assigned:	12/27/2013	Date of Injury:	01/06/2010
Decision Date:	02/27/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 36-year-old female who reported a work-related injury on 01/06/2010, as a result of strain to the lumbar spine. The clinical note dated 10/15/2013 reports the patient was seen under the care of [redacted]. The provider documents the patient presents with continued lumbar spine pain complaints rated at an 8/10. The patient reports the only alleviating factors of her pain complaints are stated as "nothing." The provider requested a right L4-5 transforaminal epidural steroid injection, physical therapy, and a compound cream for the patient's use. In addition, the patient utilizes Cymbalta 60 mg 1 tab by mouth twice a day, Norco 10/325 mg 1 tab by mouth 4 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg by mouth four times a day, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

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

Decision rationale: The current request is not supported. California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on

opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The clinical notes failed to document support for the long-term necessity of the patient's use of Norco 10/325 at 4 tabs per day. The clinical notes documented the patient's average rate of pain is at an 8/10. The patient reported exacerbating factors include anything and the only alleviating factors are nothing. Given the lack of documented quantifiable objective functional improvements and a decrease in the patient's rate of pain on a VAS, the request for Norco 10/325 mg by mouth 4 times a day #120 is not medically necessary or appropriate.

Compound cream no specific name, dose or frequency: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-113.

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

Decision rationale: The current request is not supported. California MTUS indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. In addition, the current request is not specified as to name, dose, or frequency of use. Given the above, the request for compound cream, no specific name, dose, or frequency is not medically necessary or appropriate.