

Case Number:	CM14-0000044		
Date Assigned:	01/10/2014	Date of Injury:	06/02/2012
Decision Date:	06/05/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/31/2013

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 47 year old male who reported a lifting injury to his lower back on 06/02/2012. Within the clinical note dated 01/02/2014 the injured worker reported improvement in his lower back pain which was rated 1/10; the injured worker was not taking as many doses of pain medications as he was prescribed. The physical findings included normal bilateral reflexes and no muscle spasms with a negative straight leg test. Within the physician recommendations the injured worker was discharged from the pain clinic. The request for authorization was not found in the submitted paperwork.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg is non-certified. The CA MTUS guidelines recognize four domains that 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. Within the clinical notes the injured worker reported a resolution of pain and he was able to take less medication than what was prescribed. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. The requesting physician did not include an adequate and complete assessment of the injured workers pain. Hence, the request is not medically necessary and appropriate.

TIZANIDINE 4MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasticity/Antispasmodic Drugs Page(s): 63-66.

Decision rationale: The request for Tizanidine 4mg is non-certified. The CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The injured worker did not report any symptoms of muscle spasms within the clinical documentation. There was a lack of documentation indicating findings of muscle spasms upon the physical exam. Hence, the request is not medically necessary and appropriate.

COMPOUND ANALGESIC CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for compound analgesic cream is non-certified. There is not a specific request for the exact compound and the proprietary ingredients are unknown. The CA MTUS guidelines recommend topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, without knowing the compound in question the request is not medically necessary and appropriate.