

Case Number:	CM14-0001144		
Date Assigned:	01/22/2014	Date of Injury:	10/10/2007
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/03/2014

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 has submitted a claim for lumbar post-laminectomy syndrome associated with an industrial injury date of October 10, 2007. Medical records from 2010-2013 were reviewed. The patient complained of persistent lower back pain that extended down both legs. Physical examination showed tenderness of the lumbar spinous processes, spasms in the paraspinal muscles, restricted ROM in all planes due to discomfort, decreased strength in dorsal and plantar flexion, and 4/5 MMT on the left lower extremity. Treatment to date has included NSAIDs, opioids, analgesic creams, anticonvulsants, IF unit, home exercise programs, physical therapy, and surgery (5/5/09).

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: Pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that four 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 potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been using Norco since December 2010. Recent progress notes reported that this medication helped the patient stand and walk for an additional 15-20 minutes more. Patient was likewise able to feed the animals with less pain. There were no reports of side effects and drug-seeking behavior. The guideline criteria were met, however, the request did not indicate the total amount to be dispensed and frequency of intake. Therefore, the request for Norco 5/325MG is not medically necessary and appropriate.

KETOLIDO CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, 9792.24.2 Page(s): 111-113.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine, a common local anesthetic, is not recommended for topical applications. Ketoprofen, NSAID used for pain and inflammation, is not supported for topical applications. In this case, the patient was prescribed Ketolido cream since October 2013, however, there were no reports of actual use and patient's response to this compounded medication. In addition, there were no reports of intolerance or failure of oral medications necessitating a topical drug formulation. Recent progress notes noted that oral medications helped the patient stand and walk for an additional 15-20 minutes more. The medical necessity has not been established. Therefore, the request for Ketolido cream is not medically necessary and appropriate.

NORFLEX 100MG #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the patient was being prescribed Norflex since December 2010. However, there were no reports of continued functional benefit

specifically with the use of this medication. In addition, guidelines recommend muscle relaxants for short-term use only. There is no clear indication for continued use of this medication. Therefore, the request for Norflex 100mg, #10 is not medically necessary and appropriate.