MAXIMUS Federal Services

Case Number:	CM14-0001235		
Date Assigned:	05/07/2014	Date of Injury:	07/01/2010
Decision Date:	06/13/2014	UR Denial Date:	12/16/2013
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 Anesthesiology and is licensed to practice in Florida. 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 53 year old male who reported an injury on 07/01/2010. The mechanism of injury is not provided in the clinical documentation. Per the urine screen dated 02/06/2013 there was no Hydrocodone detected. Per the operative report dated 04/22/2013 the injured worker underwent a right sided L4-L5 transforaminal epidural steroid injection. Per the clinical note dated 05/22/2013 the injured worker reported no pain relief from the epidural steroid injection. The physical exam showed decreased range of motion to the lumbosacral spine. Flexion was reported at 30 degrees and extension was 10 degrees, lateral bending was 10 degrees to the right and 15 degrees to the left all with 1-2+ pain. There is diffuse tenderness across the lower paravertebral musculature with point tenderness over the lumbar facets at L4-L5 and L5-S1 with the right greater than the left. Straight leg raise caused low back pain and Lasegue's test was negative.The diagnoses for the injured worker include lumbar radiculopathy, more significant on the right and a protrusion of nucleus pulposus at L4-L5 and a disc bulge at L3-L4. Per the urine screen dated 05/22/2013 the injured worker tested positive for opioids, Hydromorphone, and marijuana. Per the urine screen dated 07/22/2013 the injured worker again tested positive for marijuana. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX TOPICAL COMPOUND APPLY OVER PAINFUL AREA 2-3X DAILY PRN #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: Per the California MTUS guidelines there is no evidence for use of a muscle relaxant, such as Cyclobenzaprine, for topical application. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended per the guidelines. Flurbiprofen is an NSAID which is not recommended for topical use. Cyclobenzaprine is a muscle relaxant which is not recommended for topical use. Therefore the request for Fluriflex topical compound apply over painful area 2-3 times daily PRN is not medically necessary.

NORCO 5/325 1-2 TIMES PER DAY PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 74-80.

Decision rationale: Per California MTUS Guidelines ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. The 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 potentially or non-adherent drug-related behaviors. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines note there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. The injured worker has taken this medication for an extended period of time and has continued to report continued pain. Per the guidelines there is no evidence that this medication shows long term benefit when used for low back pain. There was a lack of documentation of adequate pain assessment and the efficacy of this medication. In addition on 2 separate urine screens the injured worker was found to have a positive test result for marijuana which had not been documented as prescribed for the injured worker. Therefore the request for Norco 5/325 1-2 times per day PRN #60 is not medically necessary.