

Case Number:	CM14-0006939		
Date Assigned:	04/25/2014	Date of Injury:	06/27/1998
Decision Date:	05/28/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 51-year-old female with a date of injury of 06/27/1999. The listed diagnoses per [REDACTED] are: 1. Post laminectomy syndrome, lumbar. 2. Chronic pain syndrome. According to report dated 12/13/2013, the patient presents with back pain. The pain is rated as 4/10 and Oswestry is 68%. Patient's medication regimen includes Norco, clonazepam, Motrin, Neurontin 800 mg, Flexeril, and Compro 25 mg. Neurontin provides significant reduction in nerve /radicular pain and provides improvement in sleep. The treater states medication decreased pain by 50%, allowing for work duties and housework. Patient is permanent and stationary. Examination revealed decreased painful range of motion and (+) TTP diffusely. Treater is requesting authorization for trial of lidocaine cream and refill of Norco and clonazepam. Utilization review is dated 01/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81 88-89.

Decision rationale: This patient presents with chronic back pain. Treater is requesting a refill of Norco 10/325 mg #45. Medical records indicate this patient has been taking Norco since 01/23/2013. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical records from 01/23/2013 to 12/13/2013 provides 1 progress report that notes medications "allow for work duties and housework." The rest of the 11 progress reports do not provide any discussions on pain reduction or any specific functional improvement from taking Norco. In addition, the treater does not provide a "pain assessment" as required by MTUS. Given the lack of sufficient documentation, the patient should slowly be weaned off Norco as outlined by MTUS Guidelines. Recommendation is for denial.

CLONAZEPAM 1MG #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , , 24

Decision rationale: This patient presents with chronic back pain. The treater is requesting a refill of clonazepam 1 mg #15. The MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit up to 4 weeks." This patient has been taking this medication since 01/23/2013. MTUS Guidelines does not recommend long term use of benzodiazepines and recommends maximum use of 4 weeks due to unproven efficacy and risk of dependence. Recommendation is for denial.

LIDOCAINE CREAM/OINTMENT 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , , 111

Decision rationale: This patient presents with chronic back pain. The treater is requesting a Lidocaine Cream. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Lidocaine is

only allowed in a patch form and not allowed in cream, lotion or gel forms. Recommendation is for denial.