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| Case Number: | CM14-0010149 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 06/02/2012 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/21/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 47 year-old male who is reported to have sustained a work related injury on 06/02/12. The mechanism of injury is not described. He is reported to have back pain which radiates down his legs. MRI of the lumbar spine dated 11/26/13 is reported to indicate evidence of disc dessication at multiple levels with small bulges at L4/5 and L5/S1. MRI of the cervical spine is reported to show changes within the C3 vertebral body possibly consistent with lymphoma. EMG/NCV (10/01/12) suggests mild evidence of bilateral S1 radiculopathies. The request for Norco 10/325 # 60, Tizanidine 4 mg #30, and compound analgesic cream were not certified under utilization review dated 01/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 81

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

Decision rationale: The request for Norco 10/325 mg # 60 is not supported as medically necessary. The records reflect that the injured worker sustained a back injury with evidence of a bilateral S1 radiculopathy. The clinical records fail to provide any data which established the efficacy of this medication. The records provide no comparative visual analog scale (VAS) scores or evidence of functional improvements. There is no indication of compliance testing. As such the request does not meet California Medical Treatment Utilization Schedule for continued use.

TIZANIDINE 4 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 63

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

Decision rationale: The request for Tizanidine 4 mg #30 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic low back pain and evidence of a bilateral S1 radiculopathy. Serial medical examinations do not document increased muscle tone or evidence of muscle spasm to warrant the use of this medication. The California Medical Treatment Utilization Schedule does not support the long-term use of muscle relaxants in the treatment of chronic pain. As such the medical necessity for continued use of this medication has not been established.

COMPOUND ANALGESIC CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The request for a compounded analgesic cream is not supported as medically necessary. The California Medical Treatment Utilization Schedule, Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. The components of this compound have not been identified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, and therefore not medically necessary.