

Case Number:	CM14-0011372		
Date Assigned:	02/21/2014	Date of Injury:	02/23/2012
Decision Date:	08/04/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/28/2014

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 is a 21-year-old male who has submitted a claim for lumbosacral spine herniated disc, lumbar stenosis, lumbago, sciatica, and lumbosacral disc degeneration associated with an industrial injury date of February 23, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic lower back pain with radiation to the bilateral lower extremities. Physical examination showed tenderness over the lumbar paraspinal muscles and spinous processes from midline L3 to L5; unable to do heel and toe walk on the left; positive SLR at 25 degrees on the right and 10 degrees on the left; 4/5 MMT in the bilateral hip and left knee flexors and extensors, and 2+ DTRs in the bilateral lower extremities. Treatment to date has included NSAIDs, opioids, topical analgesics, TENS, physical therapy, and epidural steroid injections. Utilization review from January 13, 2014 denied the request for Norco 5/325MG, #90 for failure to document function or pain improvement in the recent progress notes. The request for Flector 1.3% (retro request from 10/18/2013) was denied because the patient exceeded the 4 weeks of treatment recommended by the guidelines used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, 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 decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was prescribed Norco as early as September 5, 2013. However, there were no reports of functional gains in the recent progress notes. In addition, urine drug screen from October 26, 2013 did not detect Norco. Therefore, the request for Norco 5/325MG, #90 is not medically necessary.

Flector 1.3% #60 (Retro Request from 10/18/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flector patch Page(s): 111-112. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-Steroidal Antiinflammatory Agents (NSAIDs) Page(s): 111-112.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. In this case, patient was prescribed Flector as early as September 5, 2013. However, there were no reports of failure or intolerance to oral pain medications. In addition, there was no evidence that the patient is suffering from osteoarthritis in this case. Lastly, there were no reports of functional gains from use of this medication. Therefore, the request for Flector 1.3% (retro request from 10/18/2013) is not medically necessary.