MAXIMUS Federal Services

Case Number:	CM14-0018091		
Date Assigned:	04/16/2014	Date of Injury:	06/13/2002
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 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 51 year old female with date of injury reported at 06/13/2002. The mechanism of injury was reported as a fall with heavy object. The injured worker's medication regime included Oxycodone 30mg, Norco 10/325, Restoril 30mg, Soma 350mg and Lenza gel. According to clinical notes provided the injured worker complained of low back and bilateral shoulder pain, stiffness and weakness. According to clinical notes dated from 02/02/2012 - 03/25/2014 the injured worker presented with motor strength at 4/5 and positive straight leg raise bilaterally. The diagnosis included lumbosacral spine disc syndrome, radiculopathy, status post laminectomy, right rotator cuff syndrome and chronic pain syndrome. The request for authorization for Norco 10/325Mg quantity: 480.00, Restoril 30Mg quantity: 30.00, Soma 350Mg quantity: 60.00 and Lenza Gel was submitted on 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG QTY: 480.00: 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, 91

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , CONTINUED OPIOID USE, 78

Decision rationale: The request for Norco 10/325Mg quantity: 480.00 is not medically necessary and appropriate. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines for on-going management of opioid use the lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects should be well documented. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation for the clinical use of Norco. Furthermore, the guidelines recommend the use of drug screening with issues of poor pain control. The clinical documentation provided is lacking documentation of pain or functional deficits. There is a drug screen laboratory slip dated 03/18/2013, there is no documentation regarding the results of that drug screen. Therefore, the request for Norco 10/325Mg quantity 480.00 is not medically necessary and appropriate

RESTORIL 30MG QTY: 30.00: 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, , 24, 66

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , BENZODIAZEPINES, 24

Decision rationale: The request for Restoril 30Mg quantity: 30.00 is not medically necessary and appropriate. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines the use of Benzodiazepines in not recommended for long-term use. Most guidelines limit use to 4 weeks. The injured worker has clinical documentation of taking Restoril for approximately 2 years, which exceeds the California Medical Treatment Utilization Schedule (MTUS) recommended guidelines. Therefore, the request for Restoril 30Mg quantity: 30.00 is not medically necessary and appropriate

SOMA 350MG QTY:60.00: 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, , 65

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , CARISOPRODOL, 29

Decision rationale: The request for Soma 350Mg quantity: 60.00 is not medically necessary and appropriate. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines the use of Soma is not recommended, According to the MTUS guideline the use of Soma with Norco as a combination can have a similar effect as heroin. Furthermore, guideline does not recommend the use of muscle relaxers for greater than 4 weeks. The ongoing use of Soma would exceed guideline recommendations for total duration of use. Therefore, the request for Soma 350Mg quantity: 60.00 is are not medically necessary and appropriate.

LENZA GEL: 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, 112

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ANALGESICS, 111

Decision rationale: The request for Lenza Gel is not medically necessary and appropriate. Lenza Gel contains both lidocaine and menthol. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, the use of compounded agents requires knowledg of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goals desired. According to the California (MTUS) guidelines only Lidocaine in the formulation of Lidoderm patches has been approved for neuropathy. No other commercially approved topical formulation of lidocaine has been indicated for neuropathic pain. Any compounded product that contains at least one drug that is not recommended is not recommended. In addition, the request did not specify what area the Lenza Gel was to be utilized. Therefore, the request for Lenza Gel is not medically necessary and appropriate.