

Case Number:	CM14-0018751		
Date Assigned:	06/11/2014	Date of Injury:	06/15/2012
Decision Date:	07/14/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/13/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 38 year old male injured on 06/15/12 resulting in injuries to the cervical spine, thoracic spine, lumbar spine, right ribs, bilateral shoulders, and right knee. The injured worker initially sustained fracture of the L2 vertebra at the time of the initial injury. Current diagnoses included pain in the cervical spine, thoracic spine, lumbar spine, and right greater than left sciatica status post fracture at L2, status post posterior fusion at T12-L3 and instrumentation with residual kyphosis, status post posterior instrumentation for compression fracture of L1, and right knee pain. There were no objective findings provided for review. Prior documentation was handwritten and difficult to decipher. The initial request for Norco 5-325mg #60 with one refill, Cyclo-Keto-Lido 240g #1 with one refill, and Lumbar Support Orthotic brace was initially denied on 01/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #60 WITH 1 REFILL,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 5/325mg #60 with one refill cannot be established at this time.

CYCLO-KETO-LIDO 240GMS #1 WITH 1 REFILL,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Cyclo-Keto-Lido 240gms #1 with one refill cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

LUMBAR SACRAL ORTHOSIS (LSO) BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the current CA MTUS, lumbar support (corset) is not recommended for the treatment of low back disorders. There is no indication in the documentation that the injured worker has an acute fracture that would warrant the use of bracing during the healing process. As such, the request for lumbar sacral orthosis (LSO) brace cannot be recommended as medically necessary.