

Case Number:	CM14-0111809		
Date Assigned:	08/01/2014	Date of Injury:	04/29/2009
Decision Date:	10/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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 49-year-old female who has submitted a claim for sacroiliitis associated with an industrial injury date of April 29, 2009. Medical records from 2010 to 2014 were reviewed. The patient complained of low back and pelvic pain radiating to the left leg. She has undergone bilateral hemilaminotomies, medial facetectomies and foraminotomies, L4-L5 on November 15, 2011; and hemilaminectomy, facetectomy and discectomy with decompression of neural elements, left side, L2-L3 nerve roots, and posterolateral spinal fusion on February 8, 2011. Physical examination showed tenderness to the left superior iliac crest and left sciatic notch; and persistent positive FABER test. The diagnoses were status post L2-L3 fusion, status post L4-L5 laminotomy and foraminotomy, and sacroiliitis left side. Treatment to date has included Norco, Soma, trigger point injection, physical therapy, acupuncture, TENS, back brace, lumbar fusion, SI fusion and sacroiliac joint injections. Utilization review from July 7, 2014 denied the request for Norco 10/325mg #60. Most recent records still lack clear documentation of risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract. A prior request was also denied because there was no documentation of current pain level that would indicate the need for an opioid level of analgesia. The request for Soma 350mg #60 was also denied because long-term use is not recommended. Lastly, the request for compound cream (Diclofenac 10%, Gabapentin 10%, Lidocaine 5%, and Hyaluronic Acid 0.2% 120gm) was also denied. There was no clear rationale provided for use of this medication. There was also no evidence of failure of first line agents used in the management of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Baumann, 2002; Kumar, 2003; Passik 2000

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, patient has been on chronic hydrocodone use dating as far back as December 2010. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, urine drug screens were not done to monitor for aberrant drug-taking behavior. Current work status was also not mentioned. The guideline requires clear and concise documentation of functional and pain improvement, appropriate medication use, and return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Norco 10/325 mg #60 is not medically necessary.

Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Reeves, 2007; Reeves, 2004; Boothby, 2003

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma; Carisoprodol (Soma, Soprodol 350TM, Vanadom, generic available) Page(s).

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In this case, carisoprodol (Soma) use was noted as far back as November 2013. However, there was no objective evidence of functional gains from its use. Also, recent progress reports do not show evidence of muscle spasms. Regardless, the guideline does not recommend this medication as well as its long-term use. The medical necessity has not been established. There was no compelling rationale for continued use of this medication. Therefore, Soma 350 mg #60 is not medically necessary.

Compound Cream: Diclofenac 10%, Gabapentin 10%, Lidocaine 5%, and Hyaluronic Acid 0.2% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter: Topical Analgesics, Compounded Agents; Namaka, 2004, Colombo, 2006; Argoff, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. CA MTUS recommends topical NSAID formulation for diclofenac only, while gabapentin in a topical formulation is not supported. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. With regards to hyaluronic acid, there were no guidelines found that supports the use of topical preparation. In addition, guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there was no documentation of trial and failure of first-line agents. There was also no evidence of failure of oral pain medications that warrant use of topical preparations. Moreover, gabapentin, lidocaine and hyaluronic acid are not supported by the guideline for topical use. Any compounded product that contains at least one drug that is not recommended is not recommended. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Compound Cream: Diclofenac 10%, Gabapentin 10%, Lidocaine 5%, and Hyaluronic Acid 0.2% 120gm is not medically necessary.