MAXIMUS Federal Services

Case Number:	CM14-0119100		
Date Assigned:	09/22/2014	Date of Injury:	12/19/2008
Decision Date:	10/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 49-year-old male who reported an injury on 12/19/2008. The mechanism of injury occurred when he was struck from behind by a gunman. Diagnoses included cervicothoracic strain, bilateral elbow lateral epicondylitis, sleep disorder, and psychiatric complaints. Past treatments included bilateral elbow cortisone injections and medications. Pertinent diagnostic testing was not provided. Surgical history was not provided. The clinical note dated 07/03/2014 indicated the injured worker complained of headaches, pain in the lumbar spine, pain in the bilateral elbows, and neck pain radiating to the bilateral upper extremities. The physical exam revealed positive left straight leg raise, tenderness to palpation in the lumbar spine, and positive bilateral hand shake test. Current medications included hydrocodone 5/325 mg and topical Motrin. The treatment plan included Norco 5/325 mg #60 and ibuprofen 10% topical cream 60 gm with 1 refill. The rationale for the request was pain control. The Request for Authorization form was completed on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: The request for Norco 5/325 mg #60 is not medically necessary. The California MTUS Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes overtime should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker complained of worker complained of headaches, pain in the lumbar spine, pain in the bilateral elbows, and neck pain radiating to the bilateral upper extremities. He had been taking the requested medication since at least 03/14/2014. There is a lack of documentation of the efficacy of the requested medication, including quantified pain relief and functional improvement, as well as documentation of any potentially aberrant drug related behaviors through the use of urine drug screens. Additionally, the request does not indicate the frequency for using the medication. Therefore, the request for Norco 5/325 mg #60 is not medically necessary.

Ibuprofen 10% topical cream, 60 f 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 Topical analgesics Page(s): 111-112.

Decision rationale: The request for Ibuprofen 10% topical cream, 60 f with 1 refill is not medically necessary. The California MTUS Guidelines indicate topical NSAIDs are recommended for short term use for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. There is no evidence to support their use for neuropathic pain. The injured worker complained of headaches, pain in the lumbar spine, pain in the bilateral elbows, and neck pain radiating to the bilateral upper extremities. The request does not indicate the specific location for use of the topical cream. While the injured worker may benefit from the use of topical NSAIDs to the bilateral elbows, the request cannot be supported because the guidelines indicate that topical NSAIDs are not recommended for treatment of the spine or shoulders. Additionally, the request does not indicate the frequency for using the medication. Therefore, the request for Ibuprofen 10% topical cream, 60 f with 1 refill is not medically necessary.