

Case Number:	CM14-0119565		
Date Assigned:	08/06/2014	Date of Injury:	06/07/2007
Decision Date:	09/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old male with a 6/7/07 date of injury. At the time (4/29/14) of request for authorization for Norco 10/325mg #120, Soma 350mg, #90, Restoril 30mg, #30, Flurbi (NAP) cream - LA 180 gram tube, and Gabacyclotram Cream 180 gram tube. There is documentation of subjective (chronic low back pain radiating to the right buttocks and hip; and neck pain) and objective (tenderness to palpation over the lumbar paraspinal muscles with spasm, decreased lumbar range of motion, positive Lasegue's bilaterally, positive straight leg raise bilaterally, bilateral lower extremity motor weakness, and decreased sensation over L4-5 and L5-S1; tenderness to palpation over the cervical spine with spasms, crepitation, decreased range of motion) findings, current diagnoses (status post revision lumbar fusion, status post previous lumbar fusion, lumbar discogenic disease, possible early sacroiliac joint dysfunction, cervical strain, and cervical spine degenerative disc disease), and treatment to date (ongoing treatment with Norco, Soma, and Restoril since at least 11/14/13). Regarding Norco 10/325mg #120 there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Regarding Soma 350mg, #90 there is no documentation of acute exacerbation of chronic low back pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Soma. Regarding Restoril 30mg, #30 there is no documentation of short-term (less than 4 weeks) treatment and functional benefit or

improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating and continuing opioid treatment Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post revision lumbar fusion, status post previous lumbar fusion, lumbar discogenic disease, possible early sacroiliac joint dysfunction, cervical strain, and cervical spine degenerative disc disease. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco since at least 11/14/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, Norco 10/325mg #120 is not medically necessary

Soma 350mg, #90 1 po tid, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term

use. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of status post revision lumbar fusion, status post previous lumbar fusion, lumbar discogenic disease, possible early sacroiliac joint dysfunction, cervical strain, and cervical spine degenerative disc disease. In addition, there is documentation of chronic low back pain. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Soma since at least 11/14/13, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Soma. Therefore, based on guidelines and a review of the evidence, Soma 350mg, #90 is not medically necessary.

Restoril 30mg, #30 1 po qhs, with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain Chapter: Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post revision lumbar fusion, status post previous lumbar fusion, lumbar discogenic disease, possible early sacroiliac joint dysfunction, cervical strain, and cervical spine degenerative disc disease. However, given documentation of ongoing treatment with Restoril since at least 11/14/13, there is no documentation of short-term (less than 4 weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Restoril. Therefore, based on guidelines and a review of the evidence, Restoril 30mg, #30 is not medically necessary.

Flurbi(NAP) cream - LA 180 gram tube with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: An online search identifies Flurbi (NAP) cream as compounded topical medication consisting of Flurbiprofen 20%, Lidocaine 5%, and Amitriptyline 4%. The MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and gabapentin and other Antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post revision lumbar fusion, status post previous lumbar fusion, lumbar discogenic disease, possible early sacroiliac joint dysfunction, cervical strain, and cervical spine degenerative disc disease. However, there requested compounded medication consists of at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurbi (NAP) cream - LA 180 gram tube is not medically necessary.

Gabaclotram Cream 180 gram tube with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: An online search identifies Gabaclotram as compounded topical medication consisting of Gabapentin 10%, Cyclobenzaprine 6%, and Tramadol 10%. The MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and gabapentin and other Antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post revision lumbar fusion, status post previous lumbar fusion, lumbar discogenic disease, possible early sacroiliac joint dysfunction, cervical strain, and cervical spine degenerative disc disease. However, there requested compounded medication consists of at least one drug (Gabapentin) and drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, Gabaclotram Cream 180 gram tube is not medically necessary.