

Case Number:	CM14-0130532		
Date Assigned:	09/08/2014	Date of Injury:	04/01/1999
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/15/2014

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 California and Washington. 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 73 year old female who reported an injury on 09/20/1997. The mechanism of injury was not provided. The injured worker had diagnoses of carpal tunnel syndrome, multilevel cervical degenerative disc disease, and degenerative lumbar scoliosis with multilevel degenerative disc disease. Past treatments included medications, physical therapy, series of epidural injections to lower back, and cervical epidural injections, pool therapy, TENS unit as well as a moist heat machine, and psychiatric treatment. Diagnostic testing included x-rays of lumbar spine. The injured worker underwent right tunnel release in 2001, left carpal tunnel release in 2001 and 2002, lumbar laminectomy surgery in 07/10/2004, and anterior cervical fusion at C4-C6. The injured worker complained of neck pain, stiffness, and low back pain on 06/17/2014. The physical examination revealed tenderness to the lumbar spine at the lower lumbar paravertebral musculature. The injured worker had forward flexion to 65 degrees, extension to 10 degrees, and lateral bending to 30 degrees. The physical examination of the cervical spine revealed forward flexion was within 1 fingerbreadth of chin to chest, with extension to 20 degrees, and lateral rotation to 60 degrees, bilaterally. Medications were not provided. The treatment plan was for Norco 10/325mg, qty 60 with 2 refills, and BCFL (Baclofen 2%, Cyclobenzaprine, Fluribprofen 15%, Lidocaine 5%), 120gm with 2 refills. The rationale for the request was not provided. The request for authorization form was dated 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, qty 60 with 2 refills: Upheld

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

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

Decision rationale: The request for Norco 10/325 #60 with 2 refill is not medically necessary. The injured worker complained of neck pain, stiffness and low back pain on 06/17/2014. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that criteria for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief last. The guidelines also state that the four most relevant domains for ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug- related behaviors. The documentation submitted for review indicates medications are relieving pain; however the medicaion regimen was not indicated. There was not adequate quantified information regarding pain relief. There was no assessment of the injured worker's current pain on a visual analog scale (VAS) scale including average pain, and intensity of the pain after taking opioid medications, and longevity of pain relief. There is a lack of documentation indicating urine drug screens are consistent with the prescribed medication regimen. In addition, there was no mention of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the above, the request for ongoing use of Norco is not supported. Therefore, the request for Norco 10/325 qty. 60 with 2refills is not medically necessary.

BCFL (Baclofen 2%, Cyclobenzaprine, Fluribprofen 15%, Lidocaine 5%), 120gm with 2 refills: 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 BCFL (Baclofen 2%, Cyclobenzaprine, Fluribprofen 15%, Lidocaine 5%), 120gm with 2 refills is not medically necessary. The injured worker complained of neck pain, stiffness and low back pain. The California MTUS guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. The California MTUS guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. The guidelines state Baclofen is not recommended for topical application as there is no peer-reviewed literature to support the use of topical baclofen. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain; no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note there is no evidence for the use of any other muscle relaxant as a topical product. The guidelines also state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend Baclofen, Cyclobenzaprine, or Lidocaine in cream form for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. There is a lack of documentation indicating all primary and secondary treatment options have been exhausted. Additionally, the request does not indicate the dosage, frequency, quantity, and the application site. As such, the request for BCFL (Baclofen 2%, Cyclobenzaprine, Fluribprofen 15%, Lidocaine 5%), 120gm with 2 refills is not medically necessary.