

Case Number:	CM14-0132370		
Date Assigned:	08/22/2014	Date of Injury:	04/22/2000
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 63-year-old male, who reported an injury on 04/22/2000 by unspecified mechanism. The injured worker's treatment history includes medications, topical creams, surgery, nerve cord stimulator, intrathecal pump, physical therapy, and radiofrequency rhizotomy. The injured worker was evaluated on 07/15/2014, and it was documented the injured worker had increased right and left sided low back pain with significant spasms, tightness, and throbbing. The injured worker's medications reportedly helped reduce his pain from 9/10 to 6/10. He reported improved pain, ability to walk, and do daily activities. The provider noted that the injured worker had a radiofrequency rhizotomy on 02/20/2014. Physical examination revealed low back tenderness and spasm with moderately reduced range of motion. The injured worker also had decreased but symmetrical lower extremity reflexes, increased sensation over both calves, and poor muscle strength in both legs. Medications included OxyContin 30 mg; Norco 10/325 mg; diclofenac; and, ketoprofen, gabapentin, and lidocaine compounded medication. Diagnoses included chronic low back pain status post anterior lumbar interbody fusion at L3-S1 and posterolateral fusion with pedicle screw fixation at L3-S1, history of spinal cord stimulator implantation, intrathecal pump implantation, seizures, and status post L2-3 radiofrequency facet rhizotomy. Request for Authorization was not submitted for this review. Provider noted the rationale for the topical medication: It was helpful for the injured worker's neuropathic pain surrounding the lumbar spine. The rationale for the pain medication: It improves overall injured worker's pain approximately 30%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Norco 10/325mg # 180 Between 7/15/2014 and 9/21/2014: 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 California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management. It was noted the injured worker pain relief was improved approximately 30% however, there was no indication how long the injured worker has been on Norco. There was no urine drug screen submitted to ensure opioid compliance. Additionally, there was lack of outcome measurements of conservative care such as, physical therapy or home exercise regimen or long-term functional goals noted for the injured worker. The request lacked frequency and duration of medication. The request failed to include duration and frequency of medication. Given the above, the request for prospective 1 prescription of Norco 10/325 mg # 180 between 07/ 15/2014 and 09/21/2014 is not medically necessary.

Prospective Request for 1 Prescription of Diclofenac 100mg #60 Between 7/15/2014 and 9/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Diclofenac Sodium is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. There was lack of documentation of outcome measurements of conservative care measurements and home exercise regimen. In addition, the provider failed to indicate long-term functional goals for the injured worker. The request for Diclofenac did not include the frequency or duration. Given the above, the request for prospective 1 prescription of Diclofenac 100 mg, # 60 between 07/15/2014 and 09/21/2014 is not medically necessary.

Prospective Request for 1 Prescription of Soma 350mg #120 Between 7/15/2014 and 9/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for prospective 1 prescription of Soma 350 mg #120 between 07/15/2014 and 09/21/2014 is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The provider failed to indicate duration of usage Soma for the injured worker. The request lacked frequency and duration of medication. Given the above, the request is not medically necessary.

Prospective Request for 1 Prescription of Topical Compound Cream Ketoprofen 15%, Gabapentin 10%, and Lidocaine 10% #240 Between 7/15/2014 and 9/21/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Topical Medications.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental, in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least (or drug class) that is not recommended. Any compounded product that contains at least one or more drug class is not recommended. In addition, this agent has compounding agents with two or three oral agents together. The guidelines do not recommend for the use of a topical product compounding two or more oral agents and found no efficacy or benefit over individual agents separately. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Lidocaine is recommended for neuropathic pain and for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The documentation submitted failed to indicate the injured worker's outcome measurements of conservative care measures such as physical therapy and pain medicine management outcome. Additionally, the request did not provide frequency or location where the compound cream will be applied. As such, the request for prospective 1 prescription of topical compound Ketoprofen 15% Gabapentin 10%, and Lidocaine 10% between 07/15/2014 and 09/21/2014 is not medically necessary.