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| Case Number: | CM14-0135810 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 06/30/1999 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 Family Medicine and is licensed to practice in Tennessee, Florida and 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 injured worker is a 56 year old female who reported an injury on 6/30/1999 to her lumbar spine. A clinical note dated 01/09/14 indicated the injured worker previously undergoing L5 to S1 fusion. A clinical note indicated the injured worker underwent hardware removal in 12/13. The injured worker continued with pain and tenderness at the upper part of the incision. Drainage was identified at the wound site. The injured worker also had complaints of low back pain radiating into the lower extremities. A clinical note dated 01/17/14 indicated the injured worker described aching and stabbing sensation in all low back and both knees. The injured worker rated the pain 7/10. The injured worker reported pins and needle sensation in the legs and feet. A clinical note dated 02/24/14 indicated the injured worker showing reduction in range of motion throughout the lumbar spine. The injured worker utilized Norco for pain relief. The utilization review dated 03/17/14 resulted in denials for Norco as insufficient information was submitted supporting continued use of the medication. A clinical note dated 04/21/14 indicated the injured worker continuing with topical creams and opioid therapy addressing ongoing low back complaints. The injured worker demonstrated 20 degrees of lumbar flexion, 15 degrees of extension and right rotation, with 10 degrees of left rotation. No reflex deficits were identified. The urine drug screen on 04/29/14, revealed inconsistent findings with the use of antidepressants and Tramadol. The utilization review dated 05/28/14 resulted in denial for continued use of transdermal creams as insufficient information was submitted confirming the need for this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. No information was submitted regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

One year gym and pool membership: 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) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 23.

Decision rationale: The injured worker complained of ongoing low back pain despite previous surgical intervention. Aquatic therapy is indicated for injured workers who are unable to perform any land based activities. No information was submitted regarding the injured worker's inability to complete land based therapeutic interventions. Additionally, gym memberships are not indicated as there is an inability for medical professionals to monitor the safe application of any therapeutic interventions within a gym setting. Given this, the request is not indicated as medically necessary.

Tghot .05% 240gm cream: 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.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed.

Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.