

Case Number:	CM14-0136518		
Date Assigned:	09/03/2014	Date of Injury:	02/07/2011
Decision Date:	10/02/2014	UR Denial Date:	07/28/2014
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 Physical Medicine and Rehabilitation, 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:

The patient is a 45-year-old male with a date of injury of 02/07/2011. The listed diagnoses per [REDACTED] are lumbar disk herniation with right lower extremity radicular pain, right lower extremity radicular pain, and slightly impaired gait secondary to low back pain. According to progress report 07/07/2014, the patient presents with persistent lower back pain that radiates to the right lower extremity with numbness and tingling. The patient is utilizing Norco which decreases his pain from a 7/10 to a 4/10. Examination of the lumbar spine revealed tenderness in the paraspinal muscles bilaterally and positive straight leg raise on the right at 60 degrees. Kemp's test is positive. There is decreased strength and sensation noted on the right at L4 to S1. The provider states Norco will be dispensed as this does control his pain and there is no evidence of abuse, overuse, or adverse reaction. He is also requesting authorization for a topical compound cream to attempt to wean him from Norco. He would also like to request authorization for urine toxicology screen. Utilization review denied the request on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%/ 10%/ 4% 180gm: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a topical compound cream that includes Flurbiprofen 20%, Cyclobenzaprine 10%, and Menthol 4% 180 g. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Cyclobenzaprine is a muscle relaxant and not recommended in any topical formulation. Therefore, this request is not medically necessary.

Retrospective: Norco (Hydrocodone 10/325mg) #60 (DOS: 7/11/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a refill of Norco 10/325 mg #60. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The provider states Norco decreased patient's pain, and notes there are no aberrant behaviors or adverse effects with taking Norco. In this case, MTUS requires not only analgesics, but also documentation of functional changes when opiates are used for long-term use. Therefore, this request is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine Drug Screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Urine Drug Testing

Decision rationale: This patient presents with chronic low back pain. The provider is requesting urine toxicology screen stating it is requested as a part of a pain treatment agreement during opiate therapy. While MTUS Guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, Official Disability Guidelines provide clear recommendation. The Official Disability Guidelines recommends once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. Review of the medical file indicates the patient was administered a urine drug

screen on 03/03/2014 which was consistent with the medications prescribed. Official Disability Guidelines states once a year screening should be sufficient in low-risk patients. Therefore, this request is not medically necessary.