

Case Number:	CM14-0151812		
Date Assigned:	09/19/2014	Date of Injury:	12/07/2012
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 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:

This injured worker's date of injury is 12/07/2012. This patient receives treatment for chronic low back pain with radiation down the right lower extremity. The original injury was a lifting injury. On exam there is a positive SLR test on the right. A lumbar MRI dated 05/08/2014 showed mild facet joint degenerative changes and a small degree of disc bulge. The patient received ESIs twice. Medications used include: Neurontin, Naproxen, Norco, and a compounded topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment, Page(s): 88-90, 95.

Decision rationale: Norco contains acetaminophen and hydrocodone, an opioid. Opioids when used to treat chronic low back pain expose the patient to harm. Opioid hyperalgesia is common. Opioid misuse and addiction may also occur. Opioid tolerance is common; higher and higher doses seem necessary to control pain. Medical documentation ought to include: adverse side

effects, assessment of pain reduction from the opioid, assessment of any improvement in function, and any aberrant behavior. Based on the documentation provided, Norco is not medically indicated.

Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10%, Flurbiprofen 20%, Cyclobenzaprine 4%: Upheld

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

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

Decision rationale: Topical analgesics to treat chronic pain is considered experimental, because long-term studies fail to show efficacy. They may be medically indicated as a second-line agent to treat neuropathic pain. In addition, in a compounded product, if it contains at least one drug or drug class that is not recommended, then that compounded product is not recommended. Flurbiprofen is an NSAID. NSAIDS are not medically indicated when used topically. Gabapentin is an AED, which is not recommended when used topically. Cyclobenzaprine is a muscle relaxer. Muscle relaxers are not medically indicated when used topically. This compounded cream is not medically indicated for this patient.