

Case Number:	CM14-0158265		
Date Assigned:	10/01/2014	Date of Injury:	09/29/2008
Decision Date:	10/29/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/26/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 39-year-old female with a date of injury of 09/29/2008. The listed diagnoses include lumbar spine sprain/strain with 4-mm broad-based disk protrusion; lumbar radiculopathy with neuropathic pain; lumbar facet syndrome; history of depression; and industrial causation. According to progress report 08/21/2014, the patient continues to complain of low back and left lower extremity radicular pain. Examination of the lower back revealed bilateral lumbar paraspinal tenderness, left greater than right. There is tenderness over the left L4-L5 and L5-S1 facet joints. She has pain with lumbar extension and rotation. There is positive straight leg raise on the left at 30 degrees. It was noted that patient has titrated gabapentin to 300 mg 3 times a day without improvement of neuropathic pain. She has also tried a Ketoprofen, gabapentin, and lidocaine compound cream, which provided "minimal benefit." She continues to utilize Norco for breakthrough pain and notes improvement in pain. The treater is requesting a refill of Norco 10/325 mg #120, gabapentin 600 mg #90, compound topical cream, and 6 acupuncture visits. Utilization review denied the request on 09/05/2014. Treatment reports from 04/04/2014 through 08/21/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

Decision rationale: This patient presents with low back pain and left lower extremity radicular pain. The treater is requesting a refill of Norco 10/325 mg #120. For opiate management, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily livings, adverse side effects, and adverse behavior). Review of the medical file indicates the patient has been taking this medication since at least 04/04/2014. Utilization review modified the certification from the requested #120 to #60 stating "the dosage has been doubled up to 4 tabs daily recently without any improvement in function." The treater in his progress reports indicates a decrease in pain utilizing a pain scale. The treater states that the patient "notes 40% improvement in pain" and improvement in function including better ability to ambulate, sit, and stand for longer periods. With medications the patient is able to perform light household chores like cleaning and cooking, and she is able to go grocery shopping. It was noted the patient shows no evidence of drug-seeking behavior, and the patient has signed an opiate contract and remains compliant with those terms. Urine drug screens have shown evidence of compliance with prescribed medication. In this case, the patient is receiving decrease in pain with noted functional improvement with taking Norco. Given the efficacy of this medication, this request is medically necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs (AEDs) Page(s): 18-19, 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin Page(s): 18, 19.

Decision rationale: This patient presents with low back pain and left lower extremity radicular pain. The treater is requesting a refill of gabapentin 600 mg #90. The MTUS guidelines pages 18 and 19 has the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered a first-line treatment for neuropathic pain." In this case, the treater has noted decrease in pain utilizing a pain scale, but report 08/21/2014 indicates that the patient has been taking 300 mg 3 times a day "without improvement of neuropathic pain." In this case, Gabapentin is not working for this patient; therefore, this request is not medically necessary.

FCMC cream 240gm (trial) #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with low back pain and left lower extremity radicular pain. The treater is requesting topical compound cream "FCMC 240 gm trial." 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." It is unclear what ingredients are in FCMC cream. A research on the internet did not produce any results for "FCMC cream." Utilization review indicates that FCMC cream contains flogoprofen. Review of drugs.com indicates that flogoprofen is only provided in the following countries: Hong Kong, Malta, and Spain. In this case, this medication is not FDA approved to relieve or treat any medical condition. Therefore, this request is not medically necessary.

Six (6) acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture for pain Page(s): 8.

Decision rationale: This patient presents with low back pain and left lower extremity radicular pain. Progress report 08/21/2014 indicates the patient has completed 3 out of the 6 sessions with "improvement." The treater recommended additional 6 treatments. For acupuncture, MTUS page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. In this case, the treater would like the patient to continue acupuncture and states prior sessions produced "improvement." MTUS requires functional improvement as defined by labor code 9792.20(e) as significant improvement in activities of daily living's, or change in work status and reduced dependence on medical treatments. None of these are documented; therefore, this request is not medically necessary.