

Case Number:	CM14-0158320		
Date Assigned:	10/01/2014	Date of Injury:	08/15/2012
Decision Date:	10/29/2014	UR Denial Date:	08/28/2014
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 Orthopedic Surgery 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 35-year-old male door installer sustained an industrial injury on 8/15/12. He reported a pop in his back when he picked up a table. Past surgical history was positive for right hemilaminotomy and discectomy at L4/5 on 11/8/12. The 7/1/13 lumbar MRI impression documented L4/5 paracentral disc protrusion and facet arthropathy with severe right lateral recess stenosis. There was a right sided L5/S1 disc protrusion encroaching upon the S1 nerve root. The 9/12/13 EMG/NCV findings documented left chronic L5 radiculopathy. Records indicated that the patient had failed comprehensive conservative treatment, including medications. He underwent right L5/S1 microdiscectomy on 7/10/14. The 7/28/14 surgeon report indicated that the patient was status post right sided L5/S1 microdiscectomy with 90% reduction in pain. There was a small amount of residual incisional pain. The patient was performing home exercises and using Tylenol and over-the-counter anti-inflammatories. He was no longer using Norco. The 8/21/14 treating physician report indicated that there was no significant improvement since the last exam. The patient had not yet been released to physical therapy. Physical exam documented lumbar paravertebral muscle tend and spasms, well-healed lumbar scar, restricted range of motion, normal strength and reflexes, decreased sensation in the left L5/S1 dermatomal distribution, and positive straight leg raise. There was right greater trochanter tenderness to palpation and limited hip flexion and abduction. The treatment plan recommended physical therapy when allowed and continued pain medications. Authorization was requested for Norco 10/325 mg #60, Orphenadrine ER 100 mg #60, and Capsaicin 0.025 % cream. The patient was capable of modified work. The 8/28/14 utilization review denied the request for Norco as records indicated that he was no longer using Norco. There was no evidence of objective functional benefit, and guideline-required documentation was not provided. The request for Orphenadrine ER was denied as there was no documentation of failure of first line medication, and no

documentation of objective functional benefit with use. The request for Capsaicin cream was denied as there was no documentation of failure of first line medications, or unresponsiveness and intolerance to all other treatments. Multiple prior denials and modification of medication requests were noted, providing evidence that non-certification was safe. Records indicated that Norco had been prescribed since at least 4/9/13. Orphenadrine and Capsaicin cream (Medrox) had been prescribed since at least 7/25/13. There was no documentation of specific pain reduction or objective functional improvement with these medications. Multiple utilization review denials of these medications were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP (Norco) 10/325mg #60, 2 refills: 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, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for the use of this medication in the absence of required documentation. The patient has been prescribed Norco since at least 4/9/13. There is no documentation of reduced pain, increased function, or improved quality of life relative to medication use in the progress reports. The 7/28/14 surgical progress report indicated that the patient was not using Norco given the significant post-operative pain reduction. Therefore, this request is not medically necessary.

Orphenadrine ER 100mg #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-65.

Decision rationale: The California MTUS recommends the use of non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. In most lower back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement.

Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guideline criteria have not been met. There is no current documentation of an acute exacerbation of symptoms. Records indicate that Orphenadrine ER has been prescribed since at least 7/25/13 with no documentation of pain reduction or objective functional benefit. The 7/28/14 surgical progress report indicated there was significant post-operative pain reduction. The patient was only using over-the-counter medications. The prolonged use of this medication is not consistent with guidelines. Therefore, this request is not medically necessary.

Capsaicin cream 0.025% with 2 refills: Upheld

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

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

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Guidelines indicate that topical capsaicin has moderate to poor efficacy, but state that it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Guideline criteria have not been met. There is no evidence that the patient has failed to respond or is intolerant to other treatments to support the medical necessity of capsaicin consistent with guidelines. Therefore, this request is not medically necessary.