

Case Number:	CM14-0022852		
Date Assigned:	06/11/2014	Date of Injury:	06/08/2013
Decision Date:	12/19/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 37 year old male with an injury date on 06/08/2013. Based on the 01/30/2014 hand written progress report provided by the treating physician, the diagnoses are, 1.Left elbow contusion, foreign body, 2.Left shoulder contusion, 3.Cervical spine sprain/strain, 4.Lumbar spine sprain/strain, 5.Right wrist sprain/strain, 6.Both knee sprain/strain, 7.S.A.D, 8.Sleep disturbance. According to this report, the patient presents with cervical, low back pain, right wrist and bilateral knee pain "no change." The 01/03/2014 report indicates the patient complaints of pain, irritation and "burning sensation to the scar on the outer aspect of the left elbow." Physical exam of the left elbow indicates sharp pain with limited range of motion, swelling, and black discoloration at the out aspect of the left elbow. Exam of the right elbow indicates there is intermittent numbness and tingling to the left 4th and 5th finger. The 12/26/2013 report indicates pain in the left shoulder, right wrist and bilaterally knee:"mild improvement." Patient states the "pain medication and topical cream helpful."There were no other significant findings noted on this report. The utilization review denied the request on 02/10/2014. The requesting provider provided treatment reports from 08/06/2013 to 02/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 60,61,88,89,76-78.

Decision rationale: According to the 01/30/2014 report, this patient presents with cervical, low back pain, right wrist and bilateral knee pain "no change."The current request is for Norco. This medication was first mentioned in the 08/06/13 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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, ADLs, adverse side effects, and aberrant 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. In this case, none of the reports show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's or returns to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology or CURES. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary.

Cyclo-Keto-Lido cream: 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 Cream Page(s): 111-113.

Decision rationale: According to the 01/30/2014 report, this patient presents with cervical, low back pain, right wrist and bilateral knee pain "no change."The current request is for Cyclo-Keto-Lido cream. Regarding Topical Analgesics, MTUS page 111 states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS further states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Regarding Cyclobenzaprine topical, MTUS also states, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine and Lidocaine cream are not recommended for topical formulation. The request is not medically necessary.