

Case Number:	CM14-0025240		
Date Assigned:	06/04/2014	Date of Injury:	12/17/1994
Decision Date:	07/31/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/27/2014

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 and is licensed to practice in Texas and Ohio. 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 injured worker is a 58-year-old female who reported an injury on 12/17/1994, after reaching over buckets. On 05/15/2007, the injured worker underwent x-rays that revealed instability on flexion/extension. On 06/05/2006, the injured worker underwent a left lumbar pain post radiofrequency treatment. On 07/10/2007 the injured worker underwent an intra-articular right hip injection including steroid. On 02/04/2014, the injured worker complained of left low back pain rated at of 8/10 with bilateral leg and right hip pain described as constant, deep, and achy. It was noted that the injured worker was stable on all medications, including topical creams, which helped with hypersensitivity and swelling over the low back. It was reported that the injured worker had a home exercise program that was taught in the clinic. The physical examination revealed the injured worker still had fairly vague regional pain, unimproved with the L5-S1 fusion, years ago. The chronic pain features seemed consistent with both facetal and discal pain with some radicular component, and otherwise, no changes are noted. The medications included Norco 10/325 mg, OxyContin 40 mg, Trental 400 mg, Clonidine 0.1 mg, Methadone 5 mg, Cyclogaba Cream 10%, and Tramadol Cream 10%. The diagnoses included low back pain, lumbosacral neuritis, thoracic spine pain without radic/visc, chronic pain, lumbar, sacral osteoarthritis, facet syndrome, hip pain and hip osteoarthritis. The treatment plan included for Norco 10/325 mg, OxyContin 40 mg, Soma 350 mg, Cyclogaba Cream 10%, and Tramadol Cream 10%. The authorization request was submitted on 02/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chapter Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #120, with 3 refills, is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines recommend that continued use of an opiate for treatment of moderate to severe pain, with documented objective evidence of functional benefit. The guidelines state the criteria for use for ongoing management of opiates, including ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also states that the pain assessment should include current pain level; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The guidelines also state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There was a lack of documentation using the visual analogue scale to measure the injured worker's pain level and duration of pain while taking the opiate. There was no documented longevity reported for long the injured worker has been on the medication, and lack of conservative care such as physical therapy and pain medication management. In addition, the request did not include the frequency or duration of the medication. Given the above, the request for Norco 10/325 mg, #120 with 3 refills, is not medically necessary.

OxyContin 40 MG #180 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chapter Page(s): 78.

Decision rationale: The request for OxyContin 40 mg #180 with 1 refill, is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines recommend that continued use of an opiate for treatment of moderate to severe pain, with documented objective evidence of functional benefit, the guidelines state the criteria for use for ongoing management of opiates, including ongoing review and documentation of pain relief, functional status, appropriate medication, and side effects. The guidelines also states that pain assessments should include current pain level, the last reported pain over the period since last assessment, average pain, intensity of pain after taking the opiate, how long it takes for pain relief, and how long pain relief lasts. The guidelines also states that the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opiates, pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There was a lack of documentation using the visual analogue scale to measure

the injured worker's pain level and duration of pain while taking the opiate. There was no documented longevity reported for long the injured worker has been on the medication, and lack of conservative care such as physical therapy and pain medication management. In addition, the request did not include the frequency or duration of the medication. Given the above, the request for OxyContin 40 mg #180, with 1 refill, is not medically necessary.

Soma 350 MG #30 with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) chapter Page(s): 63.

Decision rationale: The request for Soma 350 mg #30, with 5 refills, is not medically necessary. The California Chronic Pain Medical Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The injured worker's diagnoses included pain in joint, shoulder; and biceps tendon rupture. There is a lack of evidence provided that the injured worker received conservative care such as physical therapy and pain medication management. There was no documentation provided on the injured worker using the visual analogue scale to measure functional improvement after the injured worker takes the medication. In addition, the guidelines do not recommend Soma to be used for long-term use, and the request did not provide frequency or duration. Given the above, the request for Soma is not medically necessary.

1 Jar of Cyclogaba cream 10%/10% Cream 30 GMS: Upheld

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

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

Decision rationale: The request for 1 jar of Cyclogaba cream 10% cream 30 Gms, is not medically necessary. On 02/04/2014, the injured worker complained of left low back pain with bilateral leg and right hip pain that had constant deep and achy pain. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines also states that any compounded product that contains at least 1 or more (or drug class) is not recommended. any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended.) Cyclogaba cream has at least 1 or more drug class. The guidelines states that there are no other commercially-approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain other than Lidoderm. Furthermore, there was no documentation provided of conservative care measures such as physical therapy or pain management. In addition, there was no documentation provided on the frequency or location

where the Cyclogaba cream will be applied on the injured worker. As such, the request for 1 jar of Cyclogaba cream 10% 30 Gms, is not medically necessary.

1 Jar of Tramadol Cream 10% Cream 30 GMS: Upheld

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

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

Decision rationale: The request for 1 jar of Tramadol cream 10%, 30 Gms, is not medically necessary. On 02/04/2014, the injured worker complained of left low back pain, with bilateral leg and right hip pain, constant, deep, and achy. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended. Tramadol cream has at least 1 or more drug class. The guidelines states that there are no commercially-approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. Furthermore, there was no documentation provided of conservative care measures such as physical therapy or pain management. In addition, there was no documentation provided on the frequency or location where the tramadol cream will be applied on the injured worker. As such, the request for 1 jar of Tramadol cream 10% is not medically necessary.