

Case Number:	CM14-0026119		
Date Assigned:	06/13/2014	Date of Injury:	10/04/2004
Decision Date:	08/20/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational Medicine, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 4, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds, opioid therapy, transfer of care to and from various providers in various specialties; a TENS unit; topical applications of heat and cold; unspecified amounts of acupuncture; and extensive periods of time off of work, per the claims administrator. In a utilization review report dated January 31, 2014, the claims administrator retrospectively approved urinalysis while denying Norco and several topical compounds. The applicant's attorney subsequently appealed. In an August 30, 2013 progress note, the applicant presented with persistent complaints of shoulder, low back, and wrist pain. Additional physical therapy was endorsed. The applicant was placed off of work, on total temporary disability. On November 15, 2013, the applicant was again placed off of work, on total temporary disability, while Norco and several topical compounded drugs were renewed. The applicant stated that she would never be able to go back to work. The applicant stated that acupuncture had been beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG QUANTITY 60: Upheld

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 page 80, When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The progress note provided suggested that the applicant's pain complaints were heightened, as opposed to reduced, despite ongoing Norco usage. There is likewise no evidence of any tangible or concrete improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary and appropriate.

FLURIFLEX CREAM 180 GM: Upheld

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

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

Decision rationale: One of the ingredients in the cream is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants were not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary and appropriate.

TGICE CREAM180 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to make a case for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems (largely experimental) topical analgesics such as TG ICE compound in question. Therefore, the request is not medically necessary and appropriate.