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| Case Number: | CM14-0033955 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/19/2011 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 03/07/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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 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 injured worker is a 67 year old male who reported an injury on 10/19/2011 when he injured his back pushing a pallet into place. The injured worker was diagnosed with lumbar radiculopathy and status-post discectomy. The injured worker reports pain is at 2/10 when taking pain medication but pain can shoot up to 7-8/10 without pain medication; pain is described as sharp and shooting and increased with activity. The injured worker has been on conservative care receiving 30 treatments of physical therapy before and after the discectomy, 12 acupuncture sessions, and ice packs. Medications are Norco, Medrox, Omeprazole, Carisoprodol, Terocin, Zolpidem and Cyclobenzaprine. The physician is requesting Norco and Medrox pain relief ointment. A request for authorization and rationale were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg two times daily #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page(s) 82-88, 116-127, 146.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, page 75 and NSAID's, page 92 Page(s): 75, 92.

Decision rationale: The injured worker is reporting pain at 7-8/10 without pain medication and 2/10 when taking pain medication. These results were achieved when on Naproxen. The California MTUS guidelines for Norco states Norco is often used for intermittent or breakthrough pain. The physician did not note breakthrough pain noting the injured worker was always in some degree of pain. Also, Norco is only recommended for short term use only (generally less than 10 days). As such, the request is not medically necessary.

Medrox pain relief ointment.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page(s) 117-119 Page(s): 117-119.

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

Decision rationale: The California MTUS chronic pain guideline for topical analgesics recommends this option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The physician has not prescribed antidepressants and anticonvulsants to see if the medications will work or fail to assist the injured worker. As such, the request is not medically necessary.