

Case Number:	CM14-0044597		
Date Assigned:	07/02/2014	Date of Injury:	02/08/1995
Decision Date:	08/25/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/11/2014

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 54-year-old male with a reported date of injury on 02/08/1995. The injury reportedly occurred when the injured worker was struck by a closing elevator door. His diagnoses were noted to include chronic back pain, severe psychosocial and environmental stressors including chronic pain and incapacitation, status post anterior lumbar interbody fusion at L5-S1 and multiple laminectomies and discectomies. His previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 06/14/2014 revealed the injured worker complained of persistent and ongoing aching pain in his low back that can become 7/10 to 8/10 on the pain scale after activity. The injured worker also complained of numbness and tingling to the lower extremities. The physical examination of the lumbar spine revealed tenderness in the paraspinous musculature of the lumbar region with midline tenderness noted. There were negative muscle spasms. The range of motion with the lumbar spine was decreased and there was decreased sensation with the pinwheel. The motor examination was noted to be within normal limits and the deep tendon reflexes were equal bilaterally. The request for authorization form dated 03/14/2014 was for Norco 10/325mg #60 one by mouth every 6 to 8 hours for severe pain and Omeprazole 20mg #100 one by mouth twice a day for stomach upset. The request for authorization form for TGHOT 8/10/2 .05% 180g cream apply a thin layer to affected area twice a day for neuropathic pain was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 11/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior should be addressed. There is a lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications, increased functional status and side effects. The most recent urine drug screen performed was 11/25/2013 and it was consistent with therapy. Therefore, despite the evidence of consistent urine drug screens, due to the lack of documentation with improved functional status, evidence of significant pain relief with medications, and side effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is non-certified.

Omeprazole 20mg, #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines recommends the physician to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant, or high dose/multiple NSAIDs. The physician prescribed Omeprazole for stomach upset caused by opioids; however, the previous request for Norco was non-certified and therefore Omeprazole is not medically necessary. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

One TGHot 8/10/2 05% 180gm Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has been utilizing this medication for neuropathic pain. TGHOT consists of Capsaicin 0.05%, tramadol 8%, gabapentin 10%, menthol 2%, and camphor 2%. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of any of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment of osteoarthritis) and a 0.75% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain). There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines do not recommend gabapentin as there is no peer reviewed literature to support use. The guidelines do not support gabapentin as a topical analgesic and the Capsaicin 0.05% exceeds guideline recommendations. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended and gabapentin and Capsaicin 0.05% are not recommended. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.