

Case Number:	CM14-0048178		
Date Assigned:	07/02/2014	Date of Injury:	05/11/2004
Decision Date:	08/25/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/15/2014

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, Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 59 year-old female was reportedly injured on 5/11/2004. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 4/22/14, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities, and knee pain. The physical examination is minimal and handwritten, lumbar spine spasm, and restricted range of motion. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, and medication. A request was made for Norco 10/325 mg, #240, Ultram ER 150 mg, #60, Flurbiprofen 25% Lidocaine 5% 7gm and was not certified in the pre-authorization process on 3/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 240 Norco 10/325 mg between 2/25/14 and 2/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 of 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. CA MTUS supports short-acting opiates for the short-term management of

moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

Retrospective request for Ultram ER 150 mg between 2/25/14 and 2/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

Decision rationale: MTUS Guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records, fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

Retrospective request for 1 prescription for Flurbiprofen 25% Lidocaine 5% 7gm between 2/25/14 and 2/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009); Page(s): 111-113 of 127.

Decision rationale: MTUS Guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. After reviewing the medical records provided there is no such documentation on physical exam for any of these complaints. As such, this request is not considered medically necessary.