

Case Number:	CM14-0050578		
Date Assigned:	08/08/2014	Date of Injury:	06/28/2005
Decision Date:	09/15/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/24/2014

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, 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:

Patient is a 53-year-old male who has submitted a claim for lumbar spine spondylosis associated with an industrial injury date of 06/28/2005. Medical records from 2013 to 2014 were reviewed. Patient complained of back pain associated with numbness and tingling sensation to the left lower extremity. Aggravating factors included bending, lifting, stooping, and prolonged sitting. Patient reported symptomatic relief upon use of Voltaren, hydrocodone, Soma, and topical medications. Physical examination showed tenderness, muscle spasm, and restricted range of motion. Motor and reflexes were normal. Sensation was diminished to the left lower extremity. Straight leg raise test was positive at the left. Urine drug screen from 03/06/2014 showed detected levels of Soma and negative for opiates. Urine drug screen from 12/16/2013 showed undetected levels of medications. Treatment to date has included medications such as Voltaren, hydrocodone, Soma, and topical creams. Utilization review from 03/18/2014 denied the retrospective requests for Voltaren XR 100mg, #60; DOS 3/3/14, Norco 7.5/325mg, #60; DOS 3/3/14, and Norco 10/325mg, #60; DOS 3/3/14 due to lack of documentation concerning pain relief, improvement in examination findings, increased functional abilities, or a reduction in restrictions associated with its use; denied retrospective request of Soma 350mg, #60; DOS 3/3/14 because long-term use was not recommended; and denied retrospective requests for 30gm Flurbiprofen 25% Topical Cream, #1; DOS 3/3/14 and 30gm Cyclo 105/Tram 10% Topical Cream, #1; DOS 3/3/14 because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request of Voltaren XR 100mg, #60; DOS 3/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Voltaren since 2013. Patient reported symptomatic relief attributed to its use. However, long-term use is not recommended. Therefore, the retrospective request for Voltaren XR 100mg, #60; DOS 3/3/14 was not medically necessary.

Retrospective Request of Norco 7.5/325mg, #60; DOS 3/3/14: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2013. Patient reported symptomatic relief attributed to its use. However, there was no documentation concerning continued functional benefit or a lack of adverse side effects. Moreover, urine drug screens from 03/06/2014 and 12/16/2013 showed undetected levels of opiates and there had been no management response concerning this issue. Therefore, the retrospective request for Norco 7.5/325mg, #60; DOS 3/3/14 was not medically necessary.

Retrospective Request of Norco 10/325mg, #60; DOS 3/3/14: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects,

physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2013. Patient reported symptomatic relief attributed to its use. However, there was no documentation concerning continued functional benefit or a lack of adverse side effects. Moreover, urine drug screens from 03/06/2014 and 12/16/2013 showed undetected levels of opiates and there had been no management response concerning this issue. Therefore, the retrospective request for Norco 10/325mg, #60; DOS 3/3/14 was not medically necessary.

Retrospective Request of Soma 350mg, #60; DOS 3/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Carisoprodol (Soma) Page(s): 29.

Decision rationale: As stated on page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, patient has been on carisoprodol since 2013. Patient reported symptomatic relief attributed to its use. Although the most recent physical exam still showed evidence of muscle spasm, long-term use of Soma is not guideline recommended. Therefore, the Retrospective Request for Soma 350mg, #60; DOS 3/3/14 was not medically necessary.

Retrospective Request of 30gm Flurbiprofen 25% Topical Cream, #1; DOS 3/3/14: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of flurbiprofen in compounded products. In this case, patient has been on Flurbiprofen cream since 2013 and reported symptomatic relief attributed to its use. However, Flurbiprofen is not recommended for topical use as stated above. Therefore, the Retrospective Request of 30gm Flurbiprofen 25% Topical Cream, #1; DOS 3/3/14 was not medically necessary.

Retrospective Request of 30gm Cyclo 105/Tram 10% Topical Cream, #1; DOS 3/3/14: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. The topical formulation of tramadol does not show consistent efficacy. In this case, patient has been on this topical cream since 2013 and reported symptomatic relief attributed to its use. However, both cyclobenzaprine and tramadol are not recommended for topical use as stated above. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the Retrospective Request of 30gm Cyclo 105/Tram 10% Topical Cream, #1; DOS 3/3/14 was not medically necessary.