

Case Number:	CM14-0052260		
Date Assigned:	08/06/2014	Date of Injury:	11/30/2007
Decision Date:	09/10/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 11/7/2007 when he slipped and fell on a wet floor with resulting pain in knees and low back. He was treated with medication and physical therapy but failed to improve and he ultimately had surgical interventions for both knees and back. He has received post-operative physical therapy, medication and steroid injections. He has had a trial of spinal cord stimulator which did not provide adequate relief to pursue long term implantation. No further surgical interventions have been recommended for his back. The request is for Hydrocodone 5/500 #120, Naprosyn 550 mg #60, Lyrica 100 mg #60, Tramadol compound cream, cyclobenzaprine compound cream and Flurbiprofen compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/500mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as hydrocodone-APAP, for the management of chronic pain and outlines clearly the documentation that would

support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case documents a weaning of narcotic pain medication in the time period leading up to the request for hydrocodone 5/500 #120. The prior medication was Norco 10/325 mg with the request for hydrocodone 5/500 representing a reduction in opioid dosing. There is documentation of a narcotic contract in the medical record. There is not, however, documentation of functional response to treatment. The original UR review gave a modified approval of #60 pills to allow for adequate assessment and report of functional response to treatment. The request is not medically necessary.

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section2 Page(s): 67-68.

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The original request for Naprosyn 550 mg # 90 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible. There is no documentation of response to treatment or of trials of reduction of dose or dosing interval to achieve the lowest dose for shortest time period required when using NSAIDs. Naprosyn 550 mg #90 is not medically necessary.

Lyrica 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section2 Page(s): 16-20.

Decision rationale: CA MTUS states that there is insufficient evidence to argue for or against use of anti-epileptic drugs in low back pain. Anti-epileptic drugs are used first line for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. There is no clear trial period but a week is considered to be a reasonable time to assess efficacy. In this case, there is documentation of a prior trial of Lyrica without substantial response to the medication and therefore ongoing use of Lyrica is not medically indicated.

Tramadol compound cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section2 Page(s): 111-112.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Topical analgesics are primarily indicated for neuropathic pain for which first line medications, such as anti-depressants or anticonvulsants, have not been effective. Ongoing use of such topical medications requires documentation of functional benefit. In this case, there is no documentation of functional benefit from the Tramadol compound cream. Therefore, it is not medically necessary.

Cyclobenzaprine compound cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-112.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Topical analgesics are primarily indicated for neuropathic pain for which first line medications, such as anti-depressants or anticonvulsants, have not been effective. Ongoing use of such topical medications requires documentation of functional benefit. In this case, there is no documentation of functional benefit from the cyclobenzaprine compound cream. Therefore, it is not medically necessary.

Flurbiprofen compound cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section2 Page(s): 111-112.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Topical analgesics are primarily indicated for neuropathic pain for which first line medications, such as anti-depressants or anticonvulsants, have not been effective. Ongoing use of such topical medications requires documentation of functional benefit. In this case, there is no documentation of

functional benefit from the Flurbiprofen compound cream. Therefore, it is not medically necessary.