

Case Number:	CM14-0078205		
Date Assigned:	07/18/2014	Date of Injury:	07/14/2003
Decision Date:	09/17/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 43-year-old female was reportedly injured on July 14, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 8, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities. Current medications were stated to include Norco, ibuprofen, and Prilosec. The physical examination demonstrated a normal lower extremity neurological examination and pain in the sacroiliac joint. Diagnostic imaging studies of the lumbar spine indicated a disc protrusion at L5-S1 contacting the descending S1 nerve root as well as facet arthrosis. Previous treatment is unknown. A request had been made for aspirin cream and Norco. And was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription for Aspercream, 1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals. Decision based on Non-MTUS Citation Mason-BMJ, 2004; Lin, 2004; Bjordal, 2007; Mason, 2004; Biswal, 2006; Argoff, 2006.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Additionally topical anti-inflammatories are only indicated for joint pain such as that of the knee and the elbow and have no known efficacy on the spine. Considering this, the request for Aspercream is not medically necessary.

(1) Prescription for Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Norco (hydrocodone/acetaminophen). Decision based on Non-MTUS Citation Washington, 2002; Colorado, 2002; Ontario, 2000; VA/DoD, 2003; Maddix-AAPM/APS, 1997; Wisconsin, 2004; Warfield, 2004; Deshpande, 2007; Martell-Annals, 2007; Chou, 2007; Olesen, 2006; Nicholas, 2006; Ballantyne, 2006; Eriksen, 2006; Fordyce, 1991.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at 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 objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.