

Case Number:	CM14-0083170		
Date Assigned:	07/21/2014	Date of Injury:	04/06/1994
Decision Date:	12/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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 Internal 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:

This 61 year old male sustained a work related injury on 04/06/1994. The mechanism of injury was not made known. As of an office visit on 04/23/2014, the injured worker was seen for ongoing neck and low back pain. He reported that low back pain continued to be the most bothersome. He had a recent 30lb weight loss following a weight reduction program and was noted to be recovering from a recent left knee replacement surgery. According to the physician, the injured worker continued to care for his mother and son and that medications allowed him to remain active, functional and able carry out activities of daily living such as cooking cleaning, laundering and self -hygiene on an independent basis. Pain medications were noted to bring pain level down from 9 to 5 on a pain scale of 1-10. The injured worker reported that the pain was located across his low back and radiated down both legs posteriorly on an intermittent basis. He discontinued Zanaflex due to feeling foggy and the effects on his mental focus. His last random urine drug screen was noted to be consistent. Current medications included Norco, Lunesta alternating with Ambien, Colace, Lactulose, Lyrica and Biofreeze. Objective findings included ambulation with a cane, brace over the left knee, recuperating from a nonindustrial knee replacement surgery, tenderness to the lumbar paraspinal muscles bilaterally with decreased range of motion in all planes at the waist with bilateral positive leg lifts. Diagnoses included the following: nonindustrial right knee replacement September 2006; chronic neck pain with history of C4-C5 and C5-C6 fusion surgery times 3, x-ray of cervical spine from 03/15/2012 stating status post anterior discectomy and fusion at C4-C5, C5-C6; slight neuroforaminal encroachment at the C4 level bilaterally, more pronounced on the left than right; Status post right carpal tunnel release October 2009, prior carpal tunnel release was in 2001; history of right shoulder surgery in 2000; three-level lumbar discogenic pain, positive diskogram, MRI of the lumbar spine in 2004 demonstrated three-level degenerative disk disease with three 3mm bulging disks and foraminal

stenosis at multiple levels. MRI of the lumbar spine report from 10/11/2012 with conclusion of disk endplate degeneration, mild facet ligamentum hypertrophy from L3-L4 to L5-S1, disk narrowing with endplate edema at L5-S1 mildly efface the axillary recesses from L3-L4 to L5-S1 without definite impingement, moderate bilateral L5-S1 narrowing potentially impinging on the L5 nerve root, right greater than left. Plan of care included Norco, Colace, Biofreeze and discontinuation of Zanaflex, an exercise regimen at home and a two month follow up. Laboratory results and radiographic imaging reports were not submitted for review. Progress notes dated back to 10/30/2013 were submitted for review and revealed the only changes made to the injured workers medication regimen was the discontinuation of Zanaflex and Flexeril. On 05/27/2014, Utilization Review non-certified Norco 10/325 mg #360, Colace 100 mg #200 and Biofreeze gel #2 tubes that was requested on 05/19/2014. According to the Utilization Review physician in regards to Norco, there was no opioid mandated documentation submitted including a current urine drug test, risk assessment profile, attempt at weaning/tapering or an updated and signed pain contract between the provider and claimant. Official Disability Guidelines has recommendations for Opioid induced constipation. However, in regards to Colace, non-certification was recommended since Norco was non-certified. In regards to Biofreeze, non-certification was recommended as there was no functional benefit specific to Biofreeze gel as well as measurable pain relief before and after Biofreeze gel application. There was also no clear evidence of a failed trial of first-line medications such as antidepressants and anticonvulsant therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #360 for date of service 4/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #360 on date of service April 23, 2014 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should be present. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. Failure to respond to a time-limited course of opiates leads to the suggestion of reassessment and reconsideration of alternative treatment area in this case; the injured worker had complaints of ongoing neck and low back pain. The claimant is doing well. A progress note dated October 30, 2013 indicates the injured worker was taking Norco at that point in time. The medication (Norco) allows the injured worker to remain active, functional and carry out the activities of daily living. The injured worker had a urine drug screen that was consistent with the drugs being taken. However, Norco was being used long-term and

there was no risk assessment profile (high risk v. low risk), attempted weaning or tapering, or pain contract between the provider and the injured worker. Additionally, although the injured worker was functional and carrying out the activities of daily living there was no documentation of objective functional improvement over the course of treatment. Consequently, Norco 10/325 mg #361 date of service April 23, 2014 is not medically necessary.

Colace 100 mg #200 for date of service 4/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section, Initiating Opiate Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, Colace 100 mg #200 date of service April 23, 2014 is not medically necessary. Under the initiating therapy section prophylactic treatment of constipation should be initiated. In this case, the injured worker has been on Colace as far back as October 30, 2013. Injured worker was taking Norco concurrently. However, as noted above, Norco 10/325 mg #360 section is not medically necessary. Consequently, Colace 100 mg #200 is not prophylactically medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Colace 100 mg #200 data service April 23, 2014 is not medically necessary.

Biofreeze gel #2 tubes for date of service 4/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Bio freeze gel #2 for date service April 23, 2014 is not medically necessary. Buyer freeze gel contains natural menthol 4 - 10% of the active ingredient. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) is not recommended, is not recommended. Menthol is not recommended. In this case, the treating physician requested bio freeze gel. Bio freeze contains menthol. Menthol is not recommended (per ODG). Any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. Consequently, bio freeze gel #2 for date of service April 23, 2014 is not medically necessary.