

Case Number:	CM14-0132859		
Date Assigned:	09/19/2014	Date of Injury:	09/22/2003
Decision Date:	01/05/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 67-year-old male who has submitted a claim for status post lumbar fusion associated with an industrial injury date of 9/22/2003. Medical records from 2014 were reviewed. The patient complained of low back pain and stiffness. He reported functional improvement (cooking, cleaning, bathing, dressing and grocery shopping) and pain relief (8/10 to 4/10 in severities) with intake of Norco. Physical examination of the lumbar spine showed tenderness, limited motion, and negative straight leg raise test bilaterally. Treatment to date has included lumbar fusion, physical therapy and Norco (since April 2014). The utilization review from 8/4/2014 denied the request for Norco 10/325mg #60 with 2 refills because of no supporting evidence of objective functional benefit with medication use; and denied LF520 (lidocaine 5%, Flurbiprofen) 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:

Norco 10/325mg #60 with 2 refills: Overturned

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

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, the patient has been on Norco since at least April 2014. The patient complained of low back pain and stiffness. He reported functional improvement (cooking, cleaning, bathing, dressing and grocery shopping) and pain relief (8/10 to 4/10 in severities) with intake of Norco. Guideline criteria for continuing opioid management have been met. Therefore, the request for Norco 10/325mg #60 with 2 refills is medically necessary.

LF520 (lidocaine 5%, Flurbiprofen): Upheld

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

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. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In addition, there is little to no research as for the use of flurbiprofen in compounded products. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains lidocaine and flurbiprofen which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for LF520 (lidocaine 5%, flurbiprofen) is not medically necessary.