

Case Number:	CM14-0168649		
Date Assigned:	10/16/2014	Date of Injury:	01/31/2001
Decision Date:	01/06/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/13/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 44-year-old man who sustained a work-related injury on January 31, 2001. Subsequently, he developed chronic low back pain. According to the progress report dated August 11, 2014, the patient complained of persistent lower back pain at 8/10, it is constant and same, and left wrist and left hand pain at 2-3/10, it is occasional, and it does radiate sometimes into the fingers with numbness and tingling. The pain is made better with physical therapy (he has 4 sessions remaining), medications, and the use of heating pad. Examination of the lumbar spine revealed decreased range of motion with tenderness to the paraspinals equally. Kemp's sign was positive bilaterally. Straight leg raise test was positive on the right at 70 degrees to the posterior thigh. There was normal muscle strength and sensation, 5/5 at L4, L5, and S1. Deep tendon reflexes were 2+ bilaterally at patellar and Achilles tendons. Examination of the left wrist revealed full range of motion. Phalen's test was positive. Sensation was slightly decreased 4/5 on the left median nerve distribution. There was slightly weak grip strength, 4/5. The patient was diagnosed with L4-5 disc herniation of 5 mm, L3-4 disc bulge of 1-2 mm, moderate right neural foraminal stenosis at L4-5, and bilateral carpal tunnel syndrome, status post release. The provider is requesting authorization for Diclofenac/Lidocaine cream and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicolenac/Lidocaine cream 3%/5% 180gm: Upheld

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

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

Decision rationale: The requested topical analgesic is formed by the combination Diclofenac 3% / Lidocaine 5%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Diclofenac not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. There is no documentation that the patient developed neuropathic pain. Therefore, the request for this topical analgesic is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #180 is not medically necessary.