

Case Number:	CM14-0046370		
Date Assigned:	07/02/2014	Date of Injury:	06/14/1999
Decision Date:	01/08/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Nephrology 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 is a 77-year old male patient with a date of injury on 6/14/1999. In a progress note dated 6/26/2014, the patient complained of low back pain. He noted functional improvement and pain relief from medications. The patient suffered from acute exacerbations, and used the topical compound to avoid increasing narcotic use. Objective findings: lumbar paravertebral tenderness, lumbar forward flexion was 50 degrees, extension was 10 degrees, and lateral bending was 30 degrees. The provider mentioned that the patient could not tolerate oral anti-inflammatory medications due to gastritis. The diagnostic impression showed status post lumbar decompression, with residual chronic low back pain. Treatment to date: medication management, behavioral modification. A UR decision dated 3/27/2014 denied the request for Norco 5/325 1QD prn breakthrough pain #30, Naproxen EC 500mg 1BID #60, and Ultracin Lotion to apply as needed for acute exacerbation #120. Regarding Norco, the rationale provided regarding the denial was that the most recent evaluation report was more than 60 days old, and there were no recent medical records that presented pain complaints. Furthermore, there was no measurable subjective/objective functional benefit from medication, or documentation of medical necessity. There was no documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering, and pain contract. Regarding Naproxen, the rationale provided regarding the denial was that the most recent evaluation reports were more than 60 days old, and there were no recent medical records that presented pain complaints. Regarding Ultracin Lotion, the rationale provided regarding the denial was that the most recent evaluation reports were more than 60 days old, and there were no recent medical records that presented pain complaints. There was no clear evidence of failed trials of antidepressant or anticonvulsant therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 1 every day as needed for breakthrough pain #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, the most recent progress report was dated 6/26/2014. More recent clinical information would be needed to determine medical necessity. Furthermore, there was no objective evidence of functional improvement noted from the opioid regimen. Lastly, CURES monitoring, an opioid pain contract, and urine drug screens were not provided for review. Therefore, the request for Norco 5/325mg 1 every day as needed for breakthrough pain #30 is not medically necessary.

Naproxyn EC 500mg 1 twice daily #60: 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 NSAIDs Page(s): 67.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, in the present case, the most recent progress report was dated 6/26/2014. More recent clinical information would be needed to determine medical necessity. Furthermore, there was no objective evidence of functional improvement noted from the analgesic regimen. Lastly, the provider mentioned in the 6/26/2014 progress report that the patient could not tolerate oral anti-inflammatory medications due to gastritis. Therefore, the request for Naproxyn EC 500mg 1 twice daily #60 is not medically necessary.

Ultracin Lotion to apply as needed 120g for Acute Exacerbation: 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): 25, 28, 111-113. Decision based on Non-MTUS Citation FDA: Ultracin.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The FDA state that Ultracin is a combination of Menthol 10mg in 100ml, Methyl salicylate 28g in 100ml, and capsaicin 20mg in 100ml. However, in the present case, the most recent progress report was dated 6/26/2014. More recent clinical information would be needed to determine medical necessity. Furthermore, there was no discussion regarding failure of first line oral medications such as NSAIDs or anti-depressants. Lastly, the provider mentioned that the patient required this topical medication since he could not tolerate oral anti-inflammatories. However, the patient was prescribed Naproxen 500mg in the same progress report dated 6/26/2014. Therefore, the request for Ultracin Lotion to apply as needed 120g for acute exacerbation is not medically necessary.