

Case Number:	CM14-0046414		
Date Assigned:	07/02/2014	Date of Injury:	05/18/2005
Decision Date:	01/02/2015	UR Denial Date:	03/13/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 60 year old male with an injury date of 05/18/05. Based on the 01/31/14 progress report, the patient complains of pain in his neck, back, and bilateral shoulders. He has fallen occasionally due to weakness in his legs. The patient has numbness and tingling in both hands. He has radiating pain extending down to both hands and feet. In regards to the cervical spine, tenderness is palpable over the paravertebral and trapezial musculature with spasm present. Spasm is also present over the paravertebral musculature bilaterally of the lumbosacral spine. There is minimal flexion and extension. For the bilateral shoulders, the patient had a positive subacromial impingement sign and tenderness to palpation. Straight leg raising test produces pain in the lumbar spine bilaterally. The 02/28/14 report indicates that the patient has pain in his right foot, both knees, and left calf. He has numbness and tingling for both lower extremities. Tenderness and spasm is noted over the calf. The patient's diagnoses include the following: 1. Strain/sprain left calf 2. Ankle sprain left ankle 3. Internal derangement bilateral knees The utilization review determination being challenged is dated 03/13/14. Treatment reports were provided from 09/13/13- 02/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 76-78.

Decision rationale: According to the 02/28/14 report, the patient presents with pain in his neck, back, bilateral shoulders, right foot, both knees, and left calf. The request is for Norco 10/325 mg #60 for pain. The patient has been taking Norco as early as 12/06/13. The 01/31/14 report states that "the patient indicates that he obtains a relief of his chronic pain symptoms with the use of the medications and topical medication." Both the 12/06/13 and 02/28/14 report indicates that "the patient obtains relief pain from his use of medications." The patient is currently unable to work. It appears as though the patient had urine toxicology on 01/14/14; however, there are no discussions provided to explain if the results of the urine drug screen (UDS) were normal. California (MTUS) Guidelines page 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, while the treater provides general statements about how the medications are helpful. However, there are no significant changes in ADL's to demonstrate medication efficacy nor are there any discussions on aberrant behavior/adverse side effects. There are no chronic opiate management issues such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. Providing general statements are inadequate documentation when managing chronic opiates. The requested treatment is not medically necessary and appropriate.

Compound Topical Cream 30gm Fluribiprofen 25%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

Decision rationale: According to the 02/28/14 report, the patient presents with pain in his neck, back, bilateral shoulders, right foot, both knees, and left calf. The request is for compound Topical Cream 30 Gm Fluribiprofen 25%. California MTUS Guidelines provides a clear discussion regarding topical compounded creams. In regards to fluribiprofen, it does not support the use of topical NSAIDs for axial and spinal pain, but supports it for peripheral joint arthritis and tendonitis. There is no indication where the patient will be applying this topical ointment to. There is no discussion provided on this medication's efficacy. The patient does not present with peripheral joint arthritis/tendinitis for which topical NSAIDs are indicated. The requested treatment is not medically necessary and appropriate.

Compound cream 30gm cyclobenzaprine 10% -Tramadol 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

Decision rationale: According to the 02/28/14 report, the patient presents with pain in her right foot, both knees, and left calf. The request is for compound cream 30 gm Cyclobenzaprine 10%-Tramadol 10%. California MTUS Guidelines provide a clear discussion regarding topical compounded creams. "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is not supported by MTUS for topical use. Tramadol is not supported on topical formulation either. The requested treatment is not medically necessary and appropriate.