

Case Number:	CM14-0085791		
Date Assigned:	07/23/2014	Date of Injury:	05/24/2010
Decision Date:	04/24/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 injured worker is a 54 year old male, who sustained an industrial injury on 5/24/2010. Diagnoses include lumbar degenerative joint disease. Treatment to date has not been provided. Per the Primary Treating Physician's Progress Report dated 5/08/2014, the injured worker reported severe stabbing pain in the right side of his back shooting down the right leg. Pain is rated as 9/10 with an average of 7/10 with the use of medications. Physical examination of lower back exam revealed a forward flexed antalgic posture. He cannot stand up straight. Palpation reveals loss of lordotic curvature secondary to intrinsic muscle spasm with palpable rigidity in the paraspinal muscles suggesting spasm. Straight leg raise test are positive left and right at 80 degree causing hi some right sided back pain that radiates in the right buttock and posterior thigh. The plan of care included medications and authorization was requested on 5/12/2014 for Norco 10/325mg #180, Butrans 20mg #4, Anusol HC #10 and Lidocaine jelly #60 gm tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids for chronic pain; Opioids, long-term assessment; Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 54 year old male has complained of low back pain since date of injury 5/24/10. He has been treated with medications to include opioids since at least 02/2013. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

Anusol HC 1 H.S., #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rivadeneira DE, Steele SR, Ternent C, Chalasani S, Buie WD, Rafferty JL, Standards Practice Task Force of the American Society of Colon and Rectal Surgeons. Practice parameters for the management of hemorrhoids (revised 2010). Dis Colon Rectum. 2011 Sept; 54(9):1059-64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/anusol hc](http://www.drugs.com/anusol-hc).

Decision rationale: This 54 year old male has complained of low back pain since date of injury 5/24/10. He has been treated with medications. The current request is for Anusol HC, a medication commonly used to relieve the symptoms of hemorrhoids. There is inadequate documentation in the available medical records that hemorrhoids have been a significant problem for this patient necessitating the use of Anusol HC. Furthermore, there is no evidenced based data that supports the use of Anusol HC for the treatment of hemorrhoids. On the basis of this lack of documentation and per evidenced based medical guidelines, Anusol HC is not medically necessary.

Lidocaine Jelly 2%, #60gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Indication.

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

Decision rationale: This 54 year old male has complained of low back pain since date of injury 5/24/10. He has been treated with medications. The current request is for Lidocaine jelly. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidocaine jelly is not medically necessary.