

Case Number:	CM15-0100939		
Date Assigned:	06/03/2015	Date of Injury:	12/08/2003
Decision Date:	07/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 68-year-old male patient who suffered an industrial injury on 12/08/2003. The diagnoses include cervical strain/sprain, bilateral sprain/strain, bilateral elbow epicondylitis, bilateral wrist sprain/stain with DeQuervain's tenosynovitis and moderate carpal tunnel syndrome, lumbar sprain/ strain and bilateral knee osteoarthritis. Per the doctor's note dated 4/21/2015 he had complaints of cervical pain at 6/10, lumbar pain at 7/10, bilateral shoulder pain at 7/10, bilateral elbow pain at 5/10, bilateral wrist pain at 5 to 6/10, and bilateral knee pain at 7 to 8/10. The Orthovisc did not help for the knees. The physical examination revealed no change since last visit. The medications list includes norco, prilosec, flexeril and topical compound cream. He has had EMG/NCS dated 10/10/2014 which revealed mild acute left L5 radiculopathy; left knee MRI on 10/31/2014. She has had chiropractic therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 75-80.

Decision rationale: Norco 5/325mg, #60 with 1 refill. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response about pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Failure to antidepressant, anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg, #60 with 1 refill is not established for this patient. Therefore, the request is not medically necessary.

Flurbiprofen/Capcaiscin/Camphor/Menthol with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 Flurbiprofen is an NSAID.

Decision rationale: Flurbiprofen/Capcaiscin/Camphor/Menthol with 1 refill. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants)." (Argoff, 2006) There is little to no research to support the use of many of these agents...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended by the cited

guidelines for topical use as cited below because of the absence of high-grade scientific evidence to support their effectiveness. There is no high-grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Flurbiprofen/Capcaiscin/Camphor/Menthol with 1 refill is not fully established for this patient. Therefore, the request is not medically necessary.