

Case Number:	CM15-0103578		
Date Assigned:	06/08/2015	Date of Injury:	10/08/2013
Decision Date:	07/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on 10/08/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc protrusion and lumbar facet syndrome. Treatment and diagnostic studies to date has included laboratory studies, physical therapy, use of a cane, and medication regimen. In a progress note dated 04/14/2015 the treating physician reports complaints of frequent, severe, achy, dull, sharp, stabbing, throbbing pain to the low back along with stiffness, numbness, tingling, weakness, and cramping radiating to the right lower extremity. Examination reveals tenderness on palpation to the lumbar four through sacral one spinous processes, positive straight leg raise, and pain with right Kemp sign. The injured worker's current medication regimen includes Norco 10/325mg, Cyclobenzaprine, and unspecified topical creams. The injured worker notes relief of his symptoms from his medication regimen, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of the injured worker's current medication regimen. The treating physician requested Norco 10/325mg with a quantity of 90 and Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%/Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% quantity 180gm, but the documentation provided did not indicate the specific reason for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydorocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient continue to have 7-8/10 despite with the use of Norco. There is no documentation regarding functional benefits or discussion regarding side effects. Furthermore, a urine drug screen from 12/18/2014 indicated inconsistent use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydorocodone/acetaminophen) is not medically necessary.

Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%/Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% quantity 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%/Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% quantity 180gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. One of the components requested is topical baclofen. Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 113 of 127 state the following: "Topical Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen." Given these guidelines, the topical baclofen is not medically necessary. Since any formulation must have all components as recommended in order for the formulation to be medically necessary, this request is not medically necessary.

