

Case Number:	CM15-0145675		
Date Assigned:	08/07/2015	Date of Injury:	09/03/2013
Decision Date:	09/03/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/28/2015

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 42-year-old male, who sustained an industrial injury on September 3, 2013. He was diagnosed with a muscle strain. Treatment to date has included right transforaminal epidural steroid injection, MRI of the lumbar spine, right lumbar discectomy, durable medical equipment, physical therapy, and medications. Currently, the injured worker complains of constant, severe pain in his head. He describes the pain as sharp and throbbing and notes that it is aggravated by bending forward at the waist, and with prolonged walking, standing and sitting. He reports constant severe right leg pain with associated numbness and tingling. His right leg pain is aggravated with prolonged walking, standing and sitting. He reports constant severe pain in his lumbar spine, which he describes, and sharp and stabbing. His lumbar spine pain is made worse with sitting, bending and walking. The injured worker is unable to lift heavy items, has difficulty with standing, walking, shopping and riding in a car, and has pain with other activities of daily living. On physical examination, the injured worker uses a cane for ambulation. He has tenderness to palpation over the bilateral lumbar paraspinal muscles and has +4 spasms. His lumbar range of motion is limited and he has positive bilateral straight leg raise tests. He has positive Kemp's test bilaterally. The diagnoses associated with the request include lumbar disc displacement without myelopathy, sciatica and tension headache. The treatment plan includes home exercise program, topical inflammation compound, muscular pain compound, pain management consultation and epidural steroid injection for treatment of radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% twice a day 180gms with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Regarding the request for topical compound cream consistent of cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, be currently requested topical cream containing cyclobenzaprine is not medically necessary.

Norco 10/325mg, one every 6-8 hours as needed quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

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

Decision rationale: Regarding the request for Norco (hydorcodone/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, there is no indication that the medication is improving the patient's function in terms of specific examples of functional improvement, and no documentation regarding side effects. 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 (hydorcodone/acetaminophen) is not medically necessary.

Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% apply twice a day 180gm with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, topical compound cream containing gabapentin is recommended as not medically necessary.