

Case Number:	CM15-0161211		
Date Assigned:	08/28/2015	Date of Injury:	10/06/2012
Decision Date:	10/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 33 year old female who sustained an industrial injury on 10-06-2012 resulting in injury to the neck, left shoulder, back and right knee. Treatment provided to date has included: right knee surgery (2014), physical therapy, steroid injections, medications, and conservative therapies/care. Recent diagnostic testing has include: x-rays of the right knee (2014) showing stable minimal medial and lateral compartment osteoarthritis of the right knee; electromyogram and nerve conduction studies of the bilateral upper and lower extremities (2014) which were reported to be normal; and MRI of the lumbar spine (2013). There were no noted comorbidities or other dates of injury noted. On 07-06-2015, physician progress report (PR) noted complaints of neck pain, mid back pain, low back pain, left arm pain, left shoulder pain, left leg pain, and right knee pain. The pain was not rated on the VAS (visual analog scale), but was reported to be severe. The pain was described as constant, sharp, burning, cramping, and aching. Additional complaints included numbness and pin-and-needles sensation. Current medications were not listed; however, previous PRs show that the injured worker has been previously prescribed Norco, Motrin, topical analgesic compound cream (gabapentin and flurbiprofen), Medrox patch, topical analgesic compound cream (methyl salicylate, menthol, and capsaicin) since 2014. The physical exam revealed tenderness to palpation with guarding in the left splenius capitus and bilateral trapezius; restricted range of motion (ROM) in the cervical spine; tenderness in the left acromioclavicular (AC) joint, left greater tuberosity, and left anterior glenoid; restricted ROM in the bilateral shoulders; positive Neer's, Hawkin's and Phalen's tests on the left side; tenderness with guarding in the right longissimus, restricted ROM in the lumbar

spine, positive Lasegue's test in the right posterior thigh; antalgic gait with use of cane; tenderness in the right patella tendon and right medial joint line with swelling in the right knee; tenderness in the right talofibular ligaments; and restricted ROM in the bilateral ankles. The provider noted diagnoses of cervical strain or sprain, cervicalgia, shoulder impingement, lumbar strain or sprain, facet arthrosis, and right knee medial meniscus tear. Plan of care includes continuation of Norco, Motrin, topical analgesic compound cream (gabapentin and flurbiprofen), Medrox patch, topical analgesic compound cream (methyl salicylate, menthol, and capsaicin), LINT (Localized Intense Neurostimulation Therapy), and follow-up in 6 weeks. The injured worker's work status remained temporarily partially disabled with modified duty. The request for authorization and IMR (independent medical review) includes: Norco 10-325mg #90, Medrox patch, gabapentin and Flurbiprofen cream 180gms, and LINT therapy for the lumbar spine 1 time a week times 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Hydrocodone/ Acetaminophen (Norco) is an opioid drug that is used to treat moderate to moderately severe pain. The MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends the discontinuation of opioids when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. Immediate discontinuation has been suggested for aberrant behaviors. It is also recommended that urine drug screening be used to monitor for misuse, abuse, addiction, or poor pain control. Opioids are recommended for continuation if the patient has returned to work, or if there has been improvement functioning and pain. Upon review of the submitted documentation, it is clear that the injured worker has been prescribed Norco for several months. However, the progress reports demonstrate that the treating physician did not document: 1) the least reported pain over the period since last assessment; 2) intensity of pain after taking the opioid; 3) how long it takes for pain relief; 4) how long pain relief lasts; 5) improvement in pain; or 6) improvement in function. Additionally,

there has been insufficient documented evidence of an overall and ongoing reduction in pain, improvement in function or decreased dependence on medical care with the use of this medication. As such, the request for continued hydrocodone/acetaminophen (Norco) 10-325mg #90 is not medically necessary.

Medrox Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines: "Topical Analgesic are recommended as an option as indicated below. 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. 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Medrox Patches consist of methyl salicylate, menthol and capsaicin. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The MTUS does state that topical salicylate (e.g., Ben-Gay, methyl salicylate) is recommended as there have been trials that showed that topical salicylates performed better than placebo in patients with chronic pain. After review of the clinical notes and the request for authorization, it was noted that the specific formulation was not indicated. Although, both the capsaicin and the methyl salicylate are recommended as topical ointments, the treating physician's request did not include the concentration, quantity, site of application, or directions for use. As such, the prescription for Medrox patch is not sufficient and not medically necessary.

Gaba/Flur Compound cream 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or

medical services. According to the MTUS guidelines: Topical Analgesic are 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. 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. The MTUS goes on to specify that gabapentin is "not" recommended, as there is no peer-reviewed literature to support its use. According to the MTUS, Flurbiprofen is recommended for mild to moderate osteoarthritis pain with a maximum daily dose of 300mg. The MTUS also states, "All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors; angiotensin receptor blockers; beta-blockers; or diuretics. In addition congestive heart failure may develop due to fluid retention". Since the requested compounded topical medication consists of gabapentin, the request for gabapentin and Flurbiprofen cream 180gms is not medically necessary.

LINT (Localized Intense Neurostimulation Therapy) therapy for the lumbar spine 1 time a week times 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic Chapter: Localized high-intensity neurostimulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic Chapter; Localized high-intensity neurostimulation & Hyperstimulation analgesia.

Decision rationale: The MTUS is silent in regards to LINT (Localized Intense Neurostimulation Therapy). Therefore, alternative guidelines were used in this decision. The ODG does not recommend this therapy due to the absence of high quality studies. Although the results from the initial 2 low quality studies are promising, they were conducted by the manufacturer. As such, the requested LINT is not medically necessary.