

Case Number:	CM15-0162477		
Date Assigned:	08/31/2015	Date of Injury:	06/28/2014
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 53 year old male who sustained an industrial injury on 06-28-2014 resulting in injury to the head, neck, back, abdomen and left forearm. Treatment provided to date has included: physical therapy, injections, medications, and conservative therapies/care. Recent diagnostic testing has include: CT scan of the head and cervical spine (2014) showing minor wedging of C5, degenerative disc disease at C5-6 and C6-7, and bilateral cervical ribs at C7; MRI of the right knee (2014) showing evidence of medial bursitis or soft tissue ganglion formation, and mild infiltration deep in to the iliotibial band; MRI of the lumbar spine (2014) showing moderate right foraminal narrowing at L5-S1 secondary to facet hypertrophic change and broad-based annular bulging with mild to moderate left neural foramen narrowing, mild bilateral foraminal narrowing at L4-5, and multi-level facet degeneration at the L3-4 and L4-5 levels; MRI of the right knee (2015) showing an oblique tear of the body and posterior horn of the medial meniscus, and medial bursitis. Other noted dates of injury documented in the medical record include: right shoulder, bilateral wrist and left elbow injuries in 1999 or 2000, 2 motor vehicle accidents in 2007 & 2008 and a fall in 2015. Co-morbidities included asthma. On 06-29-2015, physician progress report (PR) noted complaints of persistent lumbar spine pain rated 8 out of 10 in severity and described as constant and worsening with radiation into the right leg. The injured worker also reported right knee pain. Current medications include Norco and Motrin. The Norco was reported to reduce pain from 9-10 out of 10 to 6-7 out of 10. Pain was reported to be worse with activities and improved with rest and medication. The physical exam revealed a large hematoma to the right lateral aspect of the upper thigh, able to move around without difficulty, tenderness to palpation of the lumbar spine, limited flexion and rotation

of the lumbar spine, tenderness to palpation of the right knee with mild swelling, full range of motion in the right knee, and a positive McMurray's sign. The provider noted diagnoses of cervical strain - rule out disc herniation, lumbar strain, lumbar disc bulge, right lower extremity radicular pain and numbness, right knee strain with iliotibial band strain, medial bursitis or soft tissue ganglion formation of the right knee (per MRI 2014), and right knee re-aggravation - rule out meniscus tear. Plan of care includes continuation of Norco, topical compounded cream, and schedule appointment with QME. The injured worker's work status was noted as temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: Norco 10-325mg #90, and topical cream consisting of 20% flurbiprofen, 5% Baclofen, and 4% Lidocaine 180gm.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, Pain, Suffering and the Restoration of Function; and Official Disability Guidelines (ODG), Pain (Chronic), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of norco nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 6/29/15, it was noted that the injured worker reported pain 9-10/10 without medications and 6-7/10 with medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation submitted for review notes that UDS were performed to evaluate for compliance with therapy, however, no UDS reports were available for review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.

Topical cream: Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Topical Analgesics.

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

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS p113 with regard to topical baclofen, "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. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo." (Scudds, 1995) Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As baclofen is not recommended, the compound is not medically necessary. Therefore, the request is not medically necessary.