

Case Number:	CM15-0165577		
Date Assigned:	09/03/2015	Date of Injury:	03/11/2011
Decision Date:	10/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/24/2015

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, New York, California
 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 applicant has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 11, 2011. In a Utilization Review report dated July 27, 2015, the claims administrator failed to approve requests for Norco and several topical compounded agents. The claims administrator referenced a July 16, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said July 29, 2015, the applicant reported ongoing complaints of neck and shoulder pain, highly variable, 2-7/10. Reaching overhead, lifting, sitting, and standing were all problematic, the treating provider reported. The applicant was kept off work, on total temporary disability. No seeming discussion of medication efficacy transpired on this date. The applicant's complete medication list was not furnished. The applicant had received extracorporeal shock wave therapy at various points in July and August 2015, it was further noted on procedures notes of that date. In an RFA, form dated July 29, 2015, arthroscopic shoulder surgery was sought on the grounds that the applicant had failed conservative therapy and significant constraints in terms of performance of activities of daily living as basic as cooking, cleaning, and self-care. On July 15, 2015, the applicant was placed off of work, on total temporary disability, while the topical compounds at issue and Norco were renewed. Little-to-no seeming discussion of medication efficacy transpired.

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 Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was placed off work, on total temporary disability, as of the July 16, 2015 office visit at issue. A July 26, 2015 progress note and associated RFA form of July 29, 2015 suggested that the applicant continue to report difficulty-performing activities of daily living as basic as cooking, cleaning, self-care, personal hygiene, lifting and reaching overhead, despite ongoing Norco usage. Not all of the foregoing, taken together, made a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Retrospective Topical compound HMPHCC2 240gm #1: 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: Similarly, the request for an HMPHCC2 topical compounded agent was likewise not medically necessary, medically appropriate, or indicated here. The attending provider's July 16, 2015 progress note stated that the secondary ingredient in the compound was baclofen. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that baclofen, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. This result in the entire compound is carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Retrospective Topical compound HNPC1 240gm #1: 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: Finally, the request for a topical compounded HNPC1 topical compounded agent was likewise not medically necessary, medically appropriate, or indicated here. The attending provider's progress note of July 16, 2015 suggested that the secondary ingredient in the compound in question was gabapentin. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines states that gabapentin, i.e., the secondary ingredient in the compound in question, is not recommended for topical compound formulation purposes. This result in the entire compound is carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.