

Case Number:	CM15-0169375		
Date Assigned:	09/10/2015	Date of Injury:	12/31/2010
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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, California
 Certification(s)/Specialty: Family Practice

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 following clinical case summary was developed based on a review of the case file, including all medical records: This is a 50 year old female patient, who sustained an industrial injury on 12- 31-2010. The diagnoses include left lumbar radiculopathy in the direction of L3, L4, L5, and S1 dermatomes and status post lumbar fusion (10-17-2013) with continuous pain and radicular symptoms. She sustained the injury due to her lower back area hit by a customer's vehicle while standing in a parking lot structure. According to the progress report dated 7-6-2015, she had complains of constant low back pain with radiation into the left leg and down into the foot. The pain increased with sitting, walking, or standing over 15-20 minutes, forward bending, squatting, stooping, climbing, descending stairs, twisting, turning, and forceful pushing and pulling. The pain was rated 8 out of 10 on a subjective pain scale. In addition, she reported bladder incontinence. The physical examination of the lumbar spine revealed tenderness over the bilateral paraspinal region, spinous processes, interspinous ligaments; posterior superior iliac space, sciatic notches, and facet joints, decreased patella and Achilles reflexes on the left, diminished sensation to L3, L4, L5, and S1, positive straight leg raise bilaterally, and restricted range of motion. The medications list includes Norco, soma and topical compound cream. Patient has tried Amitriptyline and cyclobenzaprine. There is documentation of ongoing treatment with Norco since at least 4-29-2015. She has undergone right knee surgery and lumbar fusion on 10/17/2013. She has had medication management, x-rays, physical therapy, MRI studies, chiropractic, and surgical intervention. Work status is not described. The original utilization

review (8-3-2015) had non-certified a request for Norco, Soma, and compound analgesic cream (Flurbiprofen, Baclofen, Lidocaine, Cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg one tablet twice a day as needed quantity 60: 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, criteria for use.

Decision rationale: Norco 10/325mg one tablet twice a day as needed quantity 60. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Patient was prescribed Amitriptyline. Response to other antidepressants, anticonvulsants for chronic pain or lower potency opioid for chronic pain, is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006)." This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg one tablet twice a day as needed quantity 60 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Soma 350mg one tablet once a day quantity 30: 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): Muscle relaxants (for pain), Carisoprodol (Soma).

Decision rationale: Soma 350mg one tablet once a day quantity 30. According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS chronic pain guidelines do not recommend soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of acute exacerbation or muscle spasm is not specified in the records provided. The medical necessity of Soma 350mg one tablet once a day quantity 30 is not established in this patient at this time.

Compound Analgesic Cream (flurbiprofen, baclofen, lidocaine, cyclobenzaprine) #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: Compound Analgesic Cream (Flurbiprofen, Baclofen, lidocaine, cyclobenzaprine) #1. Flurbiprofen is an NSAID, cyclobenzaprine and Baclofen are muscle relaxants. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,)." (Argoff, 2006) 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. "Topical NSAIDs- There is little

evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Lidocaine Indication: 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. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient has tried Amitriptyline; however failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine and Baclofen are not recommended by the cited guidelines for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Compound Analgesic Cream (Flurbiprofen, Baclofen, lidocaine, cyclobenzaprine) #1 is not fully established for this patient.