

Case Number:	CM15-0192678		
Date Assigned:	10/06/2015	Date of Injury:	09/20/2013
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/30/2015

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 33 year old male who sustained an industrial injury on 9-20-13. The medical records indicate that the injured worker is being treated for hamstring tear; hamstring injury; lumbar strain; low back pain; chronic pain syndrome; lumbar facet arthropathy; lumbar degenerative disc disease. He currently (9-15-15) complains of achy low back pain with a pain level of 4 out of 10 without medications and 1-2 out of 10 with medication and left posterior upper leg pain with a pain level of 7 out of 10 without medication and 4 out of 10 with medication. On physical exam of the lumbar spine there was bilateral sacroiliac joint tenderness to palpation, tenderness over the lumbar paraspinals, limited range of motion due to pain, positive straight leg raise in the left hamstring and buttocks. Diagnostics included left hamstring MRI (11-26-13) showing high grade partial tear of the biceps tendon; MRI of the lumbar spine (5-13-14) showing disc bulge L5-S1, L4-5; MRI of the lumbar spine (7-20-15) disc bulge at L5-S1. Treatments to date include medications: Norco (since at least 4-14-15), ibuprofen (he found Terocin and biofreeze (duration unclear) at home and uses this as well), Lidoderm patch 5%; Flexeril. A drug screen done 9-15-15 was inconsistent for prescribed medications. Per the 9-15-15 note the treating provider indicates that an opioid agreement has been signed and that Norco provides 50% relief of pain. In addition the injured worker uses H-wave with benefit; physical therapy (14 sessions). The request for authorization dated 9-18-15 was for Norco 10-325mg #30; Biofreeze 1 bottle. On 9-25-15 Utilization Review non-certified the requests for Norco 10-325mg #30; Biofreeze #1 bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #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): 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 or 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 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 10/28/15 the injured worker rated pain as 4/10 without medications and 2/10 with medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that an opiate treatment agreement was signed, UDS was performed 9/2015 and was consistent with prescribed medications, CURES report was consistent. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary.

Biofreeze (1 bottle) Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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, Biofreeze Cryotherapy.

Decision rationale: Biofreeze is camphor and menthol for topical application. Per ODG guidelines Biofreeze is "Recommended as an optional form of cryotherapy for acute pain. See also Cryotherapy, Cold/heat packs. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomized

controlled study designed to determine the pain-relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group. (Zhang, 2008)" As the injured worker's condition is characterized by chronic low back pain, the medication is not appropriate as it is recommended for acute pain. The request is not medically necessary.