

Case Number:	CM15-0192979		
Date Assigned:	10/07/2015	Date of Injury:	07/10/2014
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/01/2015

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: North Carolina
 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 injured worker is a 41-year-old male, with a reported date of injury of 07-10-2014. The diagnoses include lumbar spine sprain and strain, bilateral plantar fasciitis, cervical spine sprain with headaches, left wrist sprain, and lumbar spine sprain. Treatments and evaluation to date have included Norco (since at least 06-2015), chiropractic treatment, physical therapy, acupuncture, and Ibuprofen. The diagnostic studies to date have included a urine drug screen on 03-04-2015 with inconsistent findings for Zolpidem and Hydrocodone; an MRI of the cervical spine on 03-10-2015 which showed multilevel disc herniation, possible myospasm, and Schmorl's nodes at C3-4; an MRI of the right heel on 05-30-2015 which showed partial tear of the posterior talofibular ligament, ganglion cyst versus distended joint recess, posterior to the talus, and small subcortical cyst of the mid-portion of the calcaneus; an MRI of the low back on 07-27-2015 which showed multi-level disc bulging, spondylitic degenerative changes at L2-3, L3-4, and L4-5 with slight disc desiccation and facet arthropathy, and foraminal narrowing; and an MRI of the left heel on 05-30-2015 which showed partial tears of the anterior talofibular ligament and posterior talofibular ligament, peroneus longus tendinosis, ganglion cyst of the soft tissues posterolateral to the talus, and a small subcortical cyst of the mid-portion of the calcaneus. The progress report dated 08-24-2015 indicates that the injured worker complained of cervical spine pain, with radiation to the right upper extremity and hand, and rated 5 out of 10. The pain was associated with weakness. The pain also complained of left wrist pain, lumbar spine pain, rated 3 out of 10, and bilateral feet pain, right greater than left, and rated 4 out of 10. The pain in the feet was associated with burning. The objective findings were not found in the

medical report. The injured worker has been instructed to return to modified duties on 08-24-2015. The progress report dated 07-16-2015 indicates that the injured worker rated his pain 5 out of 10 on average, and 8 out of 10 at its worst. The objective findings (07-07-2015) include moderate distress and a normal gait. The request for authorization was dated 08-27-2015. The treating physician requested Flurbiprofen-Menthol-Capsaicin-Camphor cream with one refill and Norco 7.5-325mg #60 with one refill. On 09-03-2015, Utilization Review (UR) non-certified the request for Flurbiprofen-Menthol-Capsaicin-Camphor cream with one refill and modified the request for Norco 7.5-325mg #60 with one refill to Norco 7.5-325mg #54.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Menthol/Caps/Camph cream #1 with 1 refill: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

Norco 7.5/325mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin,

2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 8/10 to a 4/10. There are objective measurements of improvement in function or activity specifically due to the medication as patient has been cleared to return to work.. Therefore all criteria for the ongoing use of opioids have been met and the request is medically necessary.