

Case Number:	CM15-0193677		
Date Assigned:	10/07/2015	Date of Injury:	02/14/2002
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
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: 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:

This is a 67-year-old female with a date of industrial injury 2-14-2002. The medical records indicated the injured worker (IW) was treated for multilevel lateral recess stenosis with moderate central canal stenosis at L5-S1; status post right wrist reconstruction; and right knee arthritis. In the progress notes (8-18-15), the IW reported severe back pain rated 8 out of 10 and difficulty sleeping and performing activities of daily living due to pain. A Toradol injection, 60mg IM was given for severe pain and prescriptions for Norco 5-325mg, Voltaren 75mg and topical Ultracin lotion were given. On examination (8-18-15 notes), there was tenderness to the lumbar paravertebral musculature. Strength in the lower extremities was globally intact. Treatments included right wrist surgery, right knee surgery, physical therapy, medications and massage. A Request for Authorization dated 8-24-15 was received for Norco 5-325mg, #60, urine drug screen to be repeated every three months for unspecified duration, topical Ultracin lotion, 120gm with 2 refills and Toradol injection 60mg IM, provided on 08/18/15 (quantity 1). The Utilization Review on 9-23-15 non-certified the request for Norco 5-325mg, #60, urine drug screen to be repeated every three months for unspecified duration, topical Ultracin lotion, 120gm with 2 refills and Toradol injection 60mg IM, provided on 08/18/15 (quantity 1).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment

2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Norco 5/325mg, #60 is not medically necessary.

Topical ultracin lotion, 120gm: 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: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Topical ultracin lotion, 120gm is not medically necessary.

Urine drug screen every 3 months: Upheld

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

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

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug screen every 3 months is not medically necessary.

Toradol 60mg intramuscular injection given on 08/08/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Toradol, Pain (Chronic).

Decision rationale: The use of Toradol is recommended as an alternative to opioid therapy. The patient is currently taking opioids for pain control. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service due to no explanation why an additional injection for pain control with Toradol was needed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Toradol 60mg intramuscular injection given on 08/08/2015 is not medically necessary.