

Case Number:	CM15-0193905		
Date Assigned:	10/07/2015	Date of Injury:	05/20/2014
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 28 year old female sustained an industrial injury on 5-20-14. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain and right wrist pain. Electromyography and nerve conduction velocity test of the right upper extremity (4-7-15) was normal. Recent treatment consisted of medication management. In a pain management evaluation dated 7-29-15, the injured worker complained of worsening low back pain with limited range of motion of the lumbar spine and numbness and tingling in both legs, pain over the right buttock and right wrist pain with limited range of motion. The injured worker rated her pain 8 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with limited range of motion and "weakness," tingling and numbness in both legs noted to be consistent with the L3-5 distribution of the right lower extremity and limited range of motion and "weakness" to the right wrist. The physician noted that the injured worker was also suffering from "severe" sacroiliac joint inflammation with positive Gaenslen's and Patrick Fabre tests and "severely" positive sacroiliac joint thrust test. Urine drug screen (7-28-15) was positive for amphetamine. The treatment plan included requesting authorization for magnetic resonance imaging lumbar spine and right wrist, right sacroiliac joint injection, four percutaneous neurostimulator therapy treatments, physical therapy for the lumbar spine and sacroiliac joints twice a week for six weeks, a prescription for Norco, Gabapentin and topical compound creams, a lumbar support and a transcutaneous electrical nerve stimulator unit. On 9-14-15, Utilization Review non-certified a request for Norco 10-325mg #30 with one month supply allowed for weaning and noncertified a request for Gabapentin 300mg #60 and compound cream: Flurbiprofen 25% Dextromethorphan 10% in Lidoderm base, 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. here is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg is not medically necessary.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Guidelines recommend gabapentin for treating diabetic painful neuropathy and post-herpetic neuralgia. It may also be used as a first line treatment for neuropathic pain. Continued use of gabapentin is recommended if there is adequate response to pain. In this case, the patient reported continued pain and did not show any functional improvement. Thus the request for gabapentin 300 mg #60 is not medically appropriate and necessary.

Compound cream Flurbiprofen 25% Dextromethorpan 10% in Lipoderm base 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of anti-depressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs. The request for topical flurbiprofen/dextromethorphan in lipoderm base 180 gm is not medically appropriate and necessary.