

Case Number:	CM15-0195430		
Date Assigned:	10/09/2015	Date of Injury:	03/02/2010
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 3-2-2010. The injured worker was being treated for lumbar spine discogenic disease and lumbar spine radiculopathy. Medical records (6-9-2015 to 9-1-2015) indicate ongoing lower back pain radiating to the left leg, which was described as numbness, sharp, aching, and stabbing. Associated symptoms include numbness and tingling in the legs. The medical records (6-9-2015 to 9-9-2015) show the no improvement of the subjective pain rating from 6 out of 10. She reported taking 1 tablet of Norco 10-325mg 3 times a day and Flurbiprofen 20% cream are helpful. The physical exam (6-9-2015 to 9-1-2015) reveals mild tenderness to palpation of the bilateral paraspinal at L4-5 (lumbar 4-5), L5-S1 (lumbar 5-sacral 1), and S1 and mild spinal tenderness radiating to the bilateral hips. There was tenderness of the facet joints referring to the waistline and iliac crest, moderate bilateral sacroiliac joint tenderness, and decreased lumbar spine range of motion. On 11-14-2014, a urine drug screen was positive for Tramadol, Carisprodol, Meprobamate, and Acetaminophen. Treatment has included physical therapy, acupuncture, a transcutaneous electrical nerve stimulation (TENS) unit, back injections, and medications including long-acting oral pain, short-acting pain (Norco since at least 4-2015), topical pain (Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2% cream and Flurbiprofen 20% cream since at least 11-2014). Per the treating physician (9-1-2015 report), the injured worker remains temporarily totally disabled. On 9-9-2015, the requested treatments included Norco 10/325mg #120, Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2% cream, and Flurbiprofen 20% cream. On 9-23-2015, the original utilization review non-certified requests for Norco 10-325mg #120, Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2% cream, and Flurbiprofen 20% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #120: 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, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 325/10mg # 120 is not medically necessary.

Tramadol 8%-Gabapentin 10%-Menthol 2%-Camphor 2% cream: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." As such, the request for Tramadol 8%-Gabapentin 10%-Menthol 2%-Camphor 2% cream is not medically necessary.

Flurbiprofen 20% cream: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Flurbiprofen 20% cream is not medically necessary.