

Case Number:	CM15-0196767		
Date Assigned:	10/12/2015	Date of Injury:	02/12/2004
Decision Date:	11/30/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, New York, 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:

The applicant is a represented 66-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 15, 2004. In a Utilization Review report dated September 24, 2015, the claims administrator approved a pain management referral, failed to approve a request for Norco, approved an orthopedic consultation, and failed to approve a request for a topical compounded agent. The claims administrator referenced a September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 14, 2015, the applicant reported ongoing complaints of neck, shoulder, low back, and wrist pain with derivative complaints of anxiety and psychological stress. Walking, sitting, bending, and lying down remained problematic, the treating provider reported. An orthopedic consultation, Norco, and a topical compound in question were endorsed while the applicant was placed off of work, on total temporary disability. A pain management consultation and an interferential stimulator were also sought. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #80: Upheld

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

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

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on October 14, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function effected as a result of ongoing medication consumption. 7/10 pain complaints were reported on October 14, 2015. Activities as basic as walking, sitting, lying, and bending all remained problematic, it was reported on that date. All of the foregoing, taken together, suggested that the applicant had in fact failed to profit with ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of the same. Therefore, the request was not medically necessary.

FLC-Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% in 180 Grams: 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: Similarly, the request for a Flurbiprofen-Baclofen-Dexamethasone containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.