MAXIMUS Federal Services

Case Number:	CM15-0196931		
Date Assigned:	11/04/2015	Date of Injury:	02/24/2014
Decision Date:	12/15/2015	UR Denial Date:	09/14/2015
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: 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 injured worker is a 33 year old male, who sustained an industrial injury on February 24, 2014, incurring mid and low back pain. He had a history of low back pain since 2006, but continued working full time. Magnetic Resonance Imaging revealed lumbar degenerative disc disease with disc herniation. He was diagnosed with lumbosacral spondylolisthesis with lumbar bulging disc, lumbar disc herniation and bilateral facet osteoarthritis. Treatment included home exercise program, pain medications, topical analgesic creams and physical therapy. Currently, the injured worker complained of persistent low back pain rated 7 out of 10 on a pain scale from 0 to 10. He noted increased pain at night and stiffness. His pain was improved with the use of medications and was worsened with lying flat. The treatment plan that was requested for authorization included a prescription for Norco 10-325 mg #90 and Flurbiprofen, Baclofen, Lidocaine and Menthol topical analgesic cream. On September 14, a request for prescriptions for Norco and a topical cream was denied by utilization review. This individual continues to work full time regular duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Weaning of Medications.

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

Decision rationale: MTUS Guidelines support the careful use of opioids under specific criteria. These criteria include meaningful pain relief, functional support (best evidenced by return to work) and the lack of drug related aberrant behaviors. These criteria are adequately met. Prior documentation states that there is up to a 50% improvement in pain due to opioid use. This may have tapered off, but the documentation states that medication adjustment has recently been recommended. This individual continues to work full duties which is a significant issue in the Guideline recommendations. At this point in time there is no evidence of misuse. Under these circumstances, Norco 10/325MG #90 is supported by Guidelines and is medically necessary.

Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, Menthol 4% cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (Fentanyl transdermal system), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: MTUS Guidelines are very specific with the recommendation that only FDA/Guideline approved topical agents are supported and any compound containing an unsupported agent(s) is not recommended. This compounded topical contains several agents are not Guideline supported. Topical muscle relaxants (Baclofen) are specifically not recommended. Topical Lidocaine cream 4% is specifically not supported and there is no support for Flurbiprofen. There are no unusual circumstances to justify an exception to Guidelines. The compound Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, Menthol 4% cream 180gm is not supported by Guidelines and is not medically necessary.