

Case Number:	CM15-0035121		
Date Assigned:	03/03/2015	Date of Injury:	10/23/2013
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/24/2015

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 51-year-old who has filed a claim for chronic neck, shoulder, and back pain reportedly associated with an industrial injury of October 23, 2013. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve request for Norco and a flurbiprofen-lidocaine containing compound. The claims administrator referenced a January 30, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 30, 2015, the applicant reported ongoing complaints of neck, shoulder, low back, and hip pain. The applicant was not working. The attending provider stated that ongoing usage of Norco was ameliorating the applicant's ability to perform activities of daily living but did not elaborate on the same. Highly variable complaints of pain were noted, 4/10 with medications versus 9/10 without medications. Norco and topical compounded medications were renewed. The applicant was given very proscriptive work restrictions, which were, in effect, resulting in her removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine cream (20% / 5%) 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a flurbiprofen-lidocaine containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to support usage of topical NSAIDs such as flurbiprofen for the spine, hip, and/or shoulder, i.e., the primary pain generators here. The applicant's multifocal pain complaints, thus, are not seemingly amenable to topical application. Since the flurbiprofen component of the amalgam is not recommended, the entire amalgam is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco (Hydrocodone 7.5 / 325mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - weaning Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise 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 result of the same. Here, however, the applicant was off of work, on total temporary disability, despite ongoing Norco usage. While the attending provider recounted some reduction in pain scores reportedly effected as result of ongoing Norco usage, these were, however, outweighed by the applicant's failure to return work and the attending provider's failure to outline any meaningful or material improvements in function effected as result of ongoing opioid usage (if any). Therefore, the request was not medically necessary.