

Case Number:	CM15-0045719		
Date Assigned:	03/18/2015	Date of Injury:	06/02/2010
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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: Internal 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 49 year old man sustained an industrial injury on 6/2/2010. The mechanism of injury is not detailed. Diagnoses include chronic musculoligamentous sprain and strain of the cervical spine that has resolved, chronic musculoligamentous sprain and strain of the thoracic spine with potential thoracic radiculitis, degenerative disc disease and facet spondylosis with disc protrusion and confirmed instability at L4-L5 with left lower extremity radiculitis, bilateral knee pain with chondromalacia of the patella with possible internal derangement, and right foot great toe hallucis rigidus. Treatment has included oral medications, TENS unit, and surgical intervention. Physician notes on a PR-2 dated 1/20/20-15 show complaints of pain to the low back, bilateral knees and the right foot. Recommendations include possible great toe fusion, continue Norco, lumbar back brace, TENS unit therapy, and follow up in seven weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clobetasol Propionate 0.05 % #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information Clobetasol Propionate <http://www.drugs.com/ppa/clobetasol-propionate.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Clobetasol Propionate. FDA Prescribing Information indicates that Clobetasol Propionate is as topical glucocorticoid. Clobetasol Propionate is indicated for the relief of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses, and moderate to severe plaque-type psoriasis. The primary treating physician's progress report dated 1/20/15 documented that there was no rash or skin lesions. Because no dermatoses were documented, the request for Clobetasol Propionate is not supported by FDA guidelines. Therefore, the request for Clobetasol Propionate is not medically necessary.

Hydrocodone-acetaminophen 5 mg-325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The primary treating physician's progress report dated 1/20/15 documented a history of low back, bilateral knee, and right foot complaints. The patient previously underwent a posterior decompressive lumbar laminectomy as well as a posterior interbody fusion at L4-5 with a cage plus a bilateral lateral fusion at L4-5 with pedicle screw hardware and right iliac crest bone graft on September 23, 2011 followed by an exploration of the lumbar fusion at L4-5 with removal of the retained hardware on October 11, 2013. Right great toe surgery for excision of the osteophytes was recommended. Significant pain was reported. Norco 5/325 mg was provided for pain control. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Hydrocodone/Acetaminophen (Norco) 5/325 mg is medically necessary.