

Case Number:	CM15-0079692		
Date Assigned:	04/30/2015	Date of Injury:	11/05/2012
Decision Date:	09/03/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/27/2015

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: Emergency 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 46-year-old female, who sustained an industrial injury on 11/5/12. She has reported initial complaints of low back pain after lifting a box of hangers weighing 30 pounds. The diagnoses have included depression, lumbar disc displacement, lumbar disc disease, depressive disorder, incontinence of feces and other urinary incontinence. Treatment to date has included medications, activity modifications, diagnostics, psychiatric, labs, urine drug screen, caudal lumbar epidural injection, pain medication injections, pain management, acupuncture with no benefit and physical therapy. Diagnostic studies included Magnetic Resonance Imaging (MRI), labs, and urine drug screen testing. Currently, as per the physician progress note dated 2/4/15, the injured worker complains of constant pain in the low back that radiates to the legs and is sharp and throbbing. The pain is rated 7-8/10 on pain scale, which has decreased since last visit, which was 10/10. She also complains of tingling in the bilateral legs and reports flare-ups. She also reports incontinence problems. The pain also travels to the shoulder and cervical spine causing headaches and she states that the pain is severe without using the medications and she has sleeping problems if she does not use the medications. The urine drug screen dated 7/30/14 was consistent with medications prescribed. The physician requested treatments included Norco 10/325 MG #150, Soma 350 MG #120, Compound Cream Tube #1 Consisting of Lidocaine 6 Percent, Gabapentin 10 Percent, Ketoprofen 10 Percent with 3 Refills, Compound Creams Tube #2 Consisting of Flurbiprofen 15 Percent, Cyclobenzaprine 10 Percent, Menthol 5 Percent, Lidocaine 5 Percent with 3 Refills, Referral for Neurosurgery Consultation/Treatment and Retro Review Urinalysis DOS 3/04/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 78 of 127.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement, which should eventually lead to medication discontinuation. The records also do not reveal screening measures as discussed above for continued use of a medication in the opioid class. As such, the request is not medically necessary.

Soma 350 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 63 of 127.

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate qualifying evidence for use of a muscle relaxant, the request is not medically necessary.

Compound Cream Tube #1 Consisting of Lidocaine 6 Percent, Gabapentin 10 Percent, Ketoprofen 10 Percent with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 111-113 of 127.

Decision rationale: The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients, which each have specific properties and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the use of gabapentin is stated to be not indicated for use for the patient's condition. As such, the request is not medically necessary.

Compound Creams Tube #2 Consisting of Flurbiprofen 15 Percent, Cyclobenzaprine 10 Percent, Menthol 5 Percent, Lidocaine 5 Percent with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 111-113 of 127.

Decision rationale: The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients, which each have specific properties and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the use of cyclobenzaprine is stated to be not indicated for use for the patient's condition, the guidelines stating "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." As such, the request is not medically necessary.

Referral for Neurosurgery Consultation/Treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The request is for specialty consultation. The ACOEM guidelines state the following regarding referral for surgical consultation: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; Failure of conservative treatment to resolve disabling radicular symptoms. Based on the records the patient does have ongoing symptoms and failure of resolution with conservative therapy. The patient would qualify for the requested consultation. As such, the treatment is medically necessary.

Retro Review Urinalysis DOS 3/04/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 78 of 127.

Decision rationale: The request is for a drug screen for evaluation of illegal drug use. The MTUS guidelines state that a drug screen should be performed for patients with issues of abuse, addiction, or poor pain control. A random screen is advised for those who are considered at high risk. In this case, the patient does not meet the qualifying factors necessary. As such, the request is not medically necessary.