MAXIMUS Federal Services

Case Number:	CM15-0080935		
Date Assigned:	05/01/2015	Date of Injury:	07/10/2003
Decision Date:	06/05/2015	UR Denial Date:	03/27/2015
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: New York, West Virginia, Pennsylvania
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 55 year old male, who sustained an industrial injury on July 10, 2003. The injured worker has been treated for neck and low back complaints. The diagnoses have included low back pain, sciatica, lumbar herniated nucleus pulposus, right hip tendonitis, disorder of sacrum, lumbar junctional discopathy, anxiety and depression. Treatment to date has included medications, radiological studies, physical therapy, epidural steroid injections, shockwave therapy, transcutaneous electrical nerve stimulation unit, a lumbar fusion and removal of hardware surgery. Current documentation dated March 6, 2015 notes that the injured worker reported achy neck pain and periodic headaches. Physical examination of the cervical spine revealed tenderness and a painful and decreased range of motion. The treating physician's plan of care included a request for the meds Norco and Gabapentin/Amitriptyline/ Bupivacaine/Hyaluronic Acid 10/10/5/0.2% in a cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96.

Decision rationale: Guidelines support short term use of opioids for treatment of moderate to severe pain. Long term use may be appropriate if functional improvement and reduction in pain occurs in absence of aberrant drug use. In this case, the patient has been using Norco since 2012 but there is a lack of clear efficacy in pain and improvement in function and weaning has been recommended. The request for Norco 10/325 mg #60 is not medically necessary.

Gabapentin/Amitriptyline/bupivacaine/hyaluronic acid 10/10/5/0.2% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Gabapentin (topical).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

Decision rationale: Topical analgesics are recommended when antidepressants and anticonvulsants have failed to relieve neuropathic pain. The guidelines do not recommend topical amitriptyline and guidelines do not support use of any compounded product that contians at least one drug that is not supported. The request for gabapentin/amitriptyline/bupivacaine/hyaluronic acid in cream base is not medically necessary.