

Case Number:	CM15-0240472		
Date Assigned:	12/18/2015	Date of Injury:	05/03/2007
Decision Date:	01/28/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/09/2015

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, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 35 year old male, who sustained an industrial injury on 5-03-2007. The injured worker is being treated for lumbar sprain-strain. Recent treatment has included medications and inferential unit. Per the Primary Treating Physician's Progress Report dated 10-28-2015, the injured worker reported worsening pain, stiffness and weakness in the lumbar spine. Objective findings of the lumbar spine included tenderness to palpation and spasm with decreased strength and decreased range of motion. There is no documentation of significant functional improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current medications. Work status was permanent and stationary. The plan of care included, and authorization was requested for follow-up visit, PR-2 report, urinalysis for drug compliance, Ultracin lotion 120gm and Norco 10-325mg #60. Per the Utilization Review letter dated 11-10-2015, PR-2 report, Ultracin lotion 120gm, Norco 10-325mg #60 and urinalysis for drug compliance were non-certified. The medication list includes Norco, Cyclobenzaprine, Pantoprazole and Gabapentin. The patient has had history of GI upset with medication. The patient's surgical history includes appendectomy. Patient had received ESI for this injury. The patient has had MRI of the lumbar spine on 10/11/2012 that revealed disc protrusions, foraminal narrowing, and degenerative changes; EMG in 2008 that revealed lumbar radiculopathy. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion #120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Request: Ultracin lotion #120 gm Ultracin lotion contains methyl salicylate, menthol, capsaicin. According to the MTUS, Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, and Chronic pain treatment guidelines. As per the cited guideline "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." Evidence that patients have not responded or is intolerant to other treatments was not specified in the records specified. Topical Capsaicin and menthol are not recommended in this patient for this diagnosis. The request for Ultracin lotion #120gm is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Request: Norco 10/325mg #60 Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to

assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and significant objective functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non-opioid medications (antidepressants/ anticonvulsants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into significant objective functional improvement, including ability to work, is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The request for Norco 10/325mg #60 is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Urine analysis for drug compliance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Pain (updated 01/12/16) Urine drug testing (UDT).

Decision rationale: Request: Urine analysis for drug compliance MTUS Guidelines. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided medication lists includes Norco, which is a controlled substance. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. The request for Urine analysis for drug compliance is medically necessary.