

Case Number:	CM13-0035092		
Date Assigned:	12/13/2013	Date of Injury:	02/14/2007
Decision Date:	02/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41 year old male who reported a work-related injury on 06/28/2001, specific mechanism of injury not stated. The patient was treated for an initial ulnar shaft fracture. Clinical note dated 09/26/2013 reports the patient presents for treatment of the following diagnoses: L4-5 degenerative disc disease with failed surgery, L5-S1 disc herniation, and left lower extremity radicular pain. The patient was seen under the care of [REDACTED]. The provider documents upon physical exam of the patient, the patient reports his pain level at a 7/10. The patient has a positive straight leg raise to the left at 20 degrees; motor strength was 5/5 throughout the right lower extremity, 4/5 to the left. The provider documented the patient was dispensed Norco 10/325, 1 to 2 tabs by mouth every 6 hours for intermittent pain. A Request for Authorization additionally noted Biotherm and TheraFlex cream were also administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The current request is not supported. California Medical Treatment Utilization Schedule (MTUS) indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given the lack of documentation evidencing a significant functional improvement upon exam of the patient or a significant decrease in rate of pain on a VAS as a result of the patient utilizing the requested opioid, the current request is not supported. In addition, the clinical notes failed to evidence the duration of the patient's use of this medication and other recent active treatment modalities attempted to decrease the patient's rate of pain, noted to be at a 7/10. Given all the above, the request for Norco #120 is not medically necessary or appropriate.

Biotherm 4 oz: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with the requested topical analgesic. California Medical Treatment Utilization Schedule (MTUS) indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The clinical notes failed to document the patient's significant decrease in rate of pain or increase in objective functionality as a result of utilizing the requested topical analgesics for his chronic pain complaints. Given the above, the request for Biotherm 4 oz is not medically necessary or appropriate.

TheraFlex cream 180mg: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with the requested topical analgesic. California Medical Treatment Utilization Schedule (MTUS) indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The clinical notes failed to document the patient's significant decrease in rate of pain or increase in objective functionality as a result of utilizing the requested topical analgesics for his chronic

pain complaints. Given the above, the request for TheraFlex cream 180 mg is not medically necessary or appropriate. In addition, California MTUS does not support the topical application of muscle relaxants, as TheraFlex includes flurbiprofen and cyclobenzaprine, as well as menthol. California MTUS indicates any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given the above, the request for blank is not medically necessary or appropriate.