

Case Number:	CM14-0105549		
Date Assigned:	09/16/2014	Date of Injury:	08/21/2013
Decision Date:	10/21/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 33-year-old female who reported an injury on 08/21/2013 while lifting a box. Diagnoses were right lumbosacral sprain/strain, sciatica, and lumbago. Past treatments were acupuncture, physical therapy, medications. Physical examination on 10/10/2013 revealed the pain level was an 8/10. Examination revealed restricted range of motion, pain with flexion and extension. Treatment plan was not reported. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 #90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects,

and aberrant drug taking behavior. There was no documentation of the 4 A's for ongoing management of an opioid medication. The efficacy of this medication was not reported. Objective functional improvement was not provided. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

Naproxen topical cream 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Naproxen topical cream is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. The compound also included naproxen. The guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis, but either not afterward, with a diminishing effect over another 2 week period. When an investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The request does not indicate a frequency or a quantity for the medication. The functional improvement from using this medication was not reported. The injured worker did not have a diagnosis of osteoarthritis. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.