

Case Number:	CM14-0119811		
Date Assigned:	08/06/2014	Date of Injury:	10/06/2010
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 46 year-old male was reportedly injured on October 6, 2010. The mechanism of injury is reported not to have been a specific injury, that a progressive and gradual onset due to manual labor. The most recent progress note, dated June 2, 2014, indicates that there were ongoing complaints of low back pain with radiation to the bilateral lower extremities, as well as chronic pain syndrome, insomnia, depression, and narcotic dependence. The physical examination demonstrates only vital signs, a 6'3" tall, and 230 lb individual with a BMI of 29 with 29.1% fat. Urine drug screen results on May 12, 2014, are referenced under the objective findings is being positive for doxepin and nicotine. No other physical exam documentation is provided with of this encounter. Diagnostic imaging studies include an MRI of the lumbar spine from January 31, 2013 confirming a "posterior L5-S1 fusion with a laminotomy defect at L5 and artificial disc space or at L5-S1. At L3-4 mild bilateral neural foraminal narrowing and mild canal stenosis secondary to it, to-3 mm posterior disc bulge and facet joint hypertrophy is noted. At the L4-5 level, moderate to severe bilateral neural foraminal narrowing and moderate canal stenosis secondary to 3-4 mm posterior disc bulge and facet joint hypertrophy is noted. Previous treatment includes no physical therapy prior to November 2013 (at which point the claimant already had spinal surgery, a spinal cord stimulator, and an opioid dependency, activity modifications, and L5-S1 fusion in 2011, a spinal cord stimulator in 2013), pharmacotherapy including multiple classes of medications, (oral and topical), activity modifications, and epidural steroid injections. A request had been made for FlurFlex topical ointment, trepadone, #120, and Norco 10/325#90 and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Unspecified Prescription of Fluriflex Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder, and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. As such, this request is not considered medically necessary.

Prospective Request for Trepadone #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Updated 10/06/14 - Trepadone

Decision rationale: CA MTUS guidelines do not address Trepadone. Therefore, ODG guidelines are used. ODG guidelines reference this medication noting it is not recommended for the treatment of chronic pain. It is a medical food contain a blend of multiple supplements that lack of evidence-based studies to support its use in the treatment of chronic pain. In the absence of guideline support for this medical food, this request is considered not medically necessary.

Prospective Request for Norco 10/325Mg #90: Upheld

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

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

Decision rationale: CA MTUS guidelines require ongoing review and documentation evidencing pain relief, improvement in functional status, appropriate medication use, and review of side effects. The progress note submitted in support of this request does not provide objective

documentation of improvement in pain and/or functional status. The record documents and consistency with a urine drug test, but notes that because the back is itching and burning and losing out clear secretions and that he is getting 50% pain reduction with the stimulator, that they will continue with the current medications because of the improved pain and function. A prior review indicates that a request for additional documentation was made for being unable to identify that this was provided in the 1096 page medical record file. As such, this request is considered not medically necessary, as the medication is being utilized in a manner inconsistent with the guideline recommendations.