

Case Number:	CM14-0123087		
Date Assigned:	08/08/2014	Date of Injury:	09/24/2008
Decision Date:	09/19/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 & 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 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:

As per CA MTUS guidelines, Norco is a short-acting opioids also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. Further guidelines indicate that "four 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 non-adherent) 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)." In this case, the most recent progress report dated 06/30/2014 indicates that this patient continues to have lower back pain radiating to the right thigh with pins/needles. He reports his pain is unchanged, pain is 5/10 level. He reports increased back pain at night. He reports he is tolerating his medications. As such, there is no documentation of objective functional improvement or pain relief with the use of this medication. Further, for the individuals taking long-term opioids, the guidelines recommend monitoring of prescribed medication for abuse or aberrant behavior with the use of urine drug screening. However, there is no documentation that the patient is currently being monitored with urine drug screening. Also, there is no rationale provided why this patient requires a liquid form of Norco and no documentation that he has difficulty swallowing pill or tablet of this medication. Thus, the request is not medically necessary and slow tapering/weaning process needs to be initiated for the individuals taking long-term opioids due to the risk of withdrawal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cream 0.025% #60gm/tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical analgesics.

Decision rationale: As per CA MTUS guidelines, topical analgesics "are 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." Further guidelines indicate that topical "Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain)." In this case, this patient reports lower back pain radiating to right thigh. There is no documentation that the first-line agents of antidepressants and anticonvulsants have been tried and failed. Also, he has been taking this medication, but there is no documentation of efficacy of this medication.

Norco Liquid 7.5/500mg./15ml. #120cc/bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: As per CA MTUS guidelines, Norco is a short-acting opioids also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. Further guidelines indicate that "four 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 non-adherent) 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)." In this case, the most recent progress report dated 06/30/2014 indicates that this patient continues to have lower back pain radiating to the right thigh with pins/needles. He reports his pain is unchanged, pain is 5/10 level. He reports increased back pain at night. He reports he is tolerating his medications. As such, there is no documentation of objective functional improvement or pain relief with the use of this medication. Further, for the individuals taking long-term opioids, the guidelines recommend monitoring of prescribed medication for abuse or aberrant behavior with the use of urine drug screening. However, there is no documentation that the patient is currently being monitored with urine drug screening. Also, there is no rationale provided why this patient requires a liquid form of Norco and no documentation that he has difficulty swallowing pill or tablet of this medication.

Thus, the request is not medically necessary and slow tapering/weaning process needs to be initiated for the individuals taking long-term opioids due to the risk of withdrawal symptoms.