MAXIMUS Federal Services

Case Number:	CM14-0149602		
Date Assigned:	09/18/2014	Date of Injury:	03/09/2001
Decision Date:	11/03/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 Alabama. 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 patient is a 57 year old male who was injured on 03/09/2001. The mechanism of injury is unknown. Diagnostic studies were reviewed. There were no toxicology reports available for review. Progress report dated 07/15/2014 documented the patient to have complaints of low back pain and intermittent pain in bilateral knees and right shoulder. He also reported his low back pain is what bothers him the most and is aggravated by cold weather, prolonged standing and prolonged walking. On exam, the lumbar spine revealed range of motion at 46 degrees of forward flexion; extension at 10 degrees; lateral bending at 30 degrees; sitting straight leg raise was negative bilaterally. Bilateral knee exam revealed range of motion from 0 to 110 degrees and the right shoulder range of motion is full. There was slight pain elicited when testing the supraspinatus tendon against resistance. The patient is diagnosed with cervical spondylosis, cervical spondylosis, lumbar facet syndrome with stenosis, obesity; status post open right rotator cuff repair with residuals and status post bilateral total knee arthroplasty. The patient was recommended to continue Norco 10/325 and topical analgesic cream which she has been utilizing since 01/07/2014. Prior utilization review dated 08/21/2014 states the request for Norco 10/325mg #75 x 2 refills (1 tab BID-TID) is modified to certify Norco 10/325 #50 with 2 refills as there is no quantified progress with Norco; and LF520 120 grams x 2 refills (Lidocaine 5%, Flurbiprofen 20%, BID) is denied as any compounded product that contains at least one drug or drug class that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75 x 2 refills (1 tab BID-TID): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76-96.

Decision rationale: The above MTUS guidelines for ongoing opioid management states "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids... the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, the patient is noted to be on Norco since at least note from 4/8/14 as well as 7/15/14. There is no documentation on note from 7/15/14 of the 4 A's as indicated per guidelines above, only the statement "hopefully we can manage his back pain with this and avoid increasing his narcotic dosage." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

LF520 120 grams x 2 refills (Lidocaine 5%, Flurbiprofen 20%, BID): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The above MTUS guidelines for NSAID topical analgesics states "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, there is no joint that lends itself to topical NSAID treatment indicated. Note from 7/15/14 states "I added a prescription for topical compound for breakthrough back pain," which is not indicated as per guidelines above. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.