

Case Number:	CM14-0086659		
Date Assigned:	07/23/2014	Date of Injury:	02/26/2001
Decision Date:	09/19/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/09/2014

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 Emergency 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:

Patient has a reported date of injury on 2/26/2001. The mechanism of injury is reportedly due to a truck rollover accident. The patient has diagnoses of low back pain, neck pain, cervical radiculopathy, lumbar radiculopathy and chronic pain syndrome. Patient is post lumbar back disc surgery on 2002 and 2012; cervical surgery in 2003 and 2012 and L rotator cuff repair in 2006. Medical records reviewed. The last report that was available was dated 4/25/14. The patient continues to complain of neck and low back pain and is moderate severity. Notes state that there are tingling and weakness to upper and lower extremities. Patient's pain worsens with bending, twisting, squatting, kneeling, of any spinal movement and activity of daily living is limited by pain. Objective exam reveals limited range of motion (ROM) of the cervical and lumbar spine. ROM of shoulder is normal. Neck scar is well healed. There is tenderness to lumbar and cervical spine paraspinals as well as diminished sensation to bilateral anterior thighs. EMG of lower extremities (1/27/14) reveals bilateral S1 radiculopathy without denervation. MRI Lumbar spine (7/18/14) reveals L4-5 and L5-S1 solid fusion, degenerative facet change and small foraminal protrusions at L3-4 with moderate bilateral foraminal stenosis and L paracentral extrusion at L2-3. MRI cervical Spine(7/18/12) reveals solid 3 level fusion, R foraminal stenosis above C4-5 fusion related to degenerative changes, small disc osteophyte complex with no critical narrowing, C3-4 with lesser degenerative changes. Patient has reportedly attempted medications, acupuncture, physical therapy, home exercise, massage therapy and TENS with no improvement. An epidural steroid injection has been attempted with limited benefit. Current medication includes, Vicodin, Lyrica, Soma, Motrin and Prilosec. Independent Medical Review is for Norco 10/325mg #120, Topical Compound Cyclobenzaprine/Gabapentin #30g and Topical Compound Tramadol 20% #30g. Prior UR on 5/10/14 recommended certification of Motrin. It recommended

non-certification of cervical epidural injection, Cyclobenzaprine/Gabapentin topical, Tramadol topical and modified Norco to #50tabs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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): 76-78.

Decision rationale: Norco is acetaminophen and Hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all criteria. There is no noted improvement in function and patient is noted to be having severe pain (since the provider has failed to provide any pain scale) even with current opioid therapy. There is no documentation of proper assessment for abuse. The prescription is excessive and fails MTUS Chronic pain requirement for close monitoring. Norco is not medically necessary.

Topical compound Cyclobenzaprine/Gabapentin 30gm: Upheld

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

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

Decision rationale: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended."Cyclobenzaprine: Topical muscle relaxants like Cyclobenzaprine are not recommended as per MTUS guidelines due to lack of evidence of efficacy.Gabapentin is an anti-epileptic. As per MTUS guidelines, it is not recommended with any evidence to support its use as a topical product.Both drugs are not recommended therefore topical compounded Cyclobenzaprine/Gabapentin is not medically necessary.

Topical compound Tramadol 20% 30gm: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, topical Tramadol is not an FDA approved application. It is a compounded off-label product. As per MTUS guidelines, only FDA approved products are recommended. Topical Tramadol has no good evidence for efficacy or safety. Topical compound tramadol is not medically necessary.