

Case Number:	CM14-0170768		
Date Assigned:	10/23/2014	Date of Injury:	02/14/2007
Decision Date:	06/01/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 42-year-old male, who sustained an industrial injury on 2/14/07. He reported low back pain. The mechanism of injury was lifting boxes. Treatment to date has included L4-5 fusion on 3/20/14, physical therapy, home exercise, and medications. X-rays taken on 6/6/14 revealed the hardware was in good position with no changes. The injured worker underwent a urine drug screen on 3/6/14. Currently, the documentation of 9/15/14 indicated that the injured worker complained of low back pain that radiates to the left leg. The injured worker noted improvement in pain with medications was from an 8/10 without medications to 4/10 with medications. The diagnoses included L4-L5 degenerative disc disease with failed surgery, L5-S1 disc herniation, left lower extremity radicular pain and pseudoarthrosis. The treating physician requested authorization for Diclofenac/Lidocaine cream 3%/5% 180gm, Neurontin 800mg #60, Norco (hydrocodone 10/325mg) #90, and a urine toxicology screen for the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine cream 3%/5% 180 gm: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates 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 guidelines also indicate that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When 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. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. There was documentation the injured worker had pseudoarthrosis. There was a lack of documentation indicating the body part to be treated and the frequency. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Diclofenac/Lidocaine cream 3%/5% 180 gm is not medically necessary.

Neurontin 800 mg #60: 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 Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend anti-epilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had 30% to 50% pain relief. However, there was a lack of documentation indicating objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 800 mg #60 is not medically necessary.

Norco (Hydrocodone 10/325mg) #90: 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 Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and was being monitored for aberrant drug behavior through urine drug screens. However, there was a lack of documentation indicating the injured worker was being monitored for adverse side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco (Hydrocodone 10/325 mg) #90 is not medically necessary.

Urine toxicology screen for next visit: 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 Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker underwent a urine drug screen on 03/06/2014. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction or poor pain control. Given the above, the request for urine toxicology screen for next visit is not medically necessary.