

Case Number:	CM14-0213083		
Date Assigned:	12/30/2014	Date of Injury:	06/05/2009
Decision Date:	02/25/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/19/2014

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: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Cervical spine sprain/strain with 4-5 mm disc bulges at C4-C5, C5-C6, and C6-C7. Also, multilevel moderate facet hypertrophy at C2-C3 through C7-T1 per MRI of June 9, 2010.2. Bilateral carpal tunnel syndrome moderate sensory median neuropathies per EMG/NCV study of May 21, 2010. Status post right carpal tunnel release on March 12, 2013 and left carpal tunnel release on April 15, 2013. 3. Lumbar spine sprain/strain with 5 mm disc bulge at L4-L5 and L5-S1 with mild-to-moderate disc desiccation and mild-to-moderate spinal canal narrowing at L4-L5 with moderate facet hypertrophy at L4-L5 and L5-S1 per MRI of June 9, 2010. 4. Right shoulder pain secondary to rotator cuff syndrome. 5. Cervicogenic headaches According to this report, the patient "remains symptomatic with ongoing neck and low back pain, which she describes as being constant." Pain is rated as a 7/10 with medications and a 10/10 without medications. Physical exam reveals an individual who "ambulates with slow antalgic gait and is utilizing a single-point cane." Tenderness is noted over the median nerve region. Sensory exam reveals hypesthesia along the right anterolateral lateral thigh and lateral calf. Motor strength of the left extensor hallucis longus is a 4/5. Treatment to date includes status post bilateral carpal tunnel, right L4-L5 and L5-S1 lumbar epidural steroid injection, psychiatric QME, completed physical therapy and chiropractic treatments for spine pain, and utilizing an H-wave unit. The patient is permanent and stationary per [REDACTED]." The treatment plan is to request for medications, topical cream, and return for follow up visit on two month. The utilization review denied the request for Norco and KGL cream on 11/18/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 09/17/2014 to 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61; 88, 89; 76-78.

Decision rationale: According to the 11/03/2014 report, this patient presents with constant ongoing neck and low back pain. The current request is for Norco 10/325mg quantity 120. This medication was first mentioned in the 09/17/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the medical reports provided, the treating physician document the patient continues to note 30% improvement in pain and 30% improvement in function with her current medication. The patient notes an increase in ability to participate in activities of daily living including self-care issues. She is better able to help with household chores, cooking, cleaning, and grocery shopping. She states that without medication, she is virtually unable to participate in these activities. She is often confined to a chair or even to bed when there has been delay in medication authorizations. The patient denies any intolerable side effects from medication. There is no evidence of drug seeking behavior. She is utilizing her medications appropriately. In this case, the treating physicians report shows proper documentation of the 4 As as required by the MTUS guidelines. Therefore, the current request is medically necessary.

KGL cream 240gm quantity 1: Upheld

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

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

Decision rationale: According to the 11/03/2014 report, this patient presents with constant ongoing neck and low back pain. The current request is for KGL cream 240gm quantity 1. KGL cream contains ketoprofen, gabapentin and lidocaine. Regarding topical compounds, California MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. MTUS also does not support gabapentin as a topical product. MTUS further states Lidocaine is only allowed in a patch form and not allowed in cream, lotion

or gel forms. In this case, gabapentin and lidocaine cream are not recommended for topical formulation. The current request is not medically necessary.