

Case Number:	CM14-0216244		
Date Assigned:	01/06/2015	Date of Injury:	04/24/2012
Decision Date:	02/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 47 year old injured worker (IW) has an injury date of 04/24/2012. According to case notes, an examination on 03/08/2013 was done for a follow -up of neck and back pain. The IW complained of back pain that was random and traveling down the legs to the feet with more symptoms on the left side. The IW also had subjective complaints of severe pain that felt deep and sharp in the lower back. The back pain was rated a 3-5/10 and the neck and arm pain was described as a 2. Other somatic complaints were a decrease in sleep resulting in tiredness, a lack of focus and decreased concentration. The pain was described as 20 percent better with medication. Objectively the IW was in no acute distress, but had limitations in lumbar extension to 5 degrees because of increased pain. The IW had bilateral tenderness to palpation in the lower lumbar facet regions. There was a decrease in sensation of the C5, C6, C7, and C8 dermatomes on the left and decreased sensation in the L4-L5 dermatomes on the left. Myotomes on the left upper extremities were 5-/5. Myotomes on the left lower extremity were 5-/5. Diagnosis included degenerative disc disease of the lumbar spine, lumbar radiculopathy, ongoing neck complaints, right knee arthralgia, and facet arthropathy of the lumbar spine. Mention is made of chiropractic care and acupuncture but no documentation is presented of these therapies. The IW does state the acupuncture helped in a reduction of the pain. Medications taken included Norco 10/325 mg two to five times a day, Flexeril as needed and Ibuprofen as needed. Effects of the medication included decreased pain and increased activity level. Side effects of the medications included mild nausea and constipation. On 12/11/2014 the utilization review agency received a request for Norco 10/325mg, 1 PO TID PRN #90 plus 1 refill and CM4-Caps 0.05 percent +

Cyclo 4 percent. No original request for authorization (ROA) accompanies the file, and no documentation of the IW's examinations other than the exam notes of 03/08/2013 is included for review. A Utilization Review (UR) letter written 12/16/2014 indicated a review of the physician's progress report (PR-2) dated 03/08/2013 and 09/12/2014 plus comprehensive history forms from 03/08/2013, 09/12/2014, 11/07/2014, and the request for authorization forms dated 09/12/2014 and 11/07/2014. According to the UR letter the IW had received "24 acupuncture sessions which were most helpful, 20 chiropractic sessions which stopped the pain from getting worse, 6 physical therapies with minimal help" Medications tried included Elavil with no help for the neuropathic symptoms, Ketoprofen with minimal help and Gabapentin (discontinued) there was no reason documented for the Norco and CM4-Caps 0.05 percent + Cyclo 4 percent. The UR letter denied the Norco citing California Medical Treatment Utilization Schedule (CA-MTUS) Chronic Pain Treatment Guidelines pages 78-80 Opioids, and page 124 weaning of medications. Since CA MTUS was not specific on the request for CM4-Caps 0.05 percent + Cyclo 4 percent, CA MTUS pages 111-113 Topical Analgesia and Capsaicin were cited. It was noted that there was no evidence for use of any other muscle relaxant as a topical product. The Independent Medical Review Request dated 12/24/2014 requested review of the Norco and the CM4-Caps 0.05 percent + Cyclo 4 percent denials.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 by mouth three times a day as needed #90 plus 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: This injured worker has chronic back and neck pain with an injury sustained in 2012. The medical course has included numerous treatment modalities including acupuncture and use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits fail to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Norco to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records. This request is not medically necessary.

CM4-Caps 0.05 percent + Cyclo 4 percent: 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 Page(s): 111-113.

Decision rationale: This worker has chronic pain with an injury sustained in 2012. The medical course has included the use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding Capsaicin, it is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The MD visits fail to document any improvement in pain, functional status, and intolerance to other medications or a discussion of side effects to justify use of a compounded product. The medical necessity of CM4-Caps + cyclo is not substantiated in the records. This request is not medically necessary.