

Case Number:	CM14-0039216		
Date Assigned:	06/30/2014	Date of Injury:	01/18/2009
Decision Date:	03/06/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/03/2014

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 69-year-old female, with a reported date of injury of 01/18/2009. She has reported low back pain. The diagnoses have included post-traumatic neuropraxia of the sciatic nerve in the left lower extremity. Treatments to date have included oral pain medications. Currently, the injured worker complains of continued pain and significant weakness. The physical examination of the lumbar spine showed sciatic nerve tenderness, tenderness in the gluteal area and mid-thigh area, paraspinal muscle tenderness, muscle spasm of the left lower musculature, an antalgic gait, and difficulty walking, heel walking, kneeling, and squatting. The treating physician recommended that the injured worker continue with her medication, which included Norco 10/325mg every four hours for pain as needed, Fexmid 7.5mg one tablet every 8 hours as needed as a muscle relaxer, and gave the injured worker samples of Flurbiprofen, 25% Lidocaine cream. On 03/03/2014, Utilization Review (UR) non-certified the request for Fexmid 7.5mg #90, with three refills, Norco 10/325mg #120, with three refills, and Flurbiprofen 25%/Lidocaine 5% in Lipoderm base 30 grams. The UR physician noted that baclofen and gabapentin are not recommended, and the guidelines indicate that any compounded product that contains at least one drug that is not recommended is not recommended. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/Hydrocod.bit & Acet 10/325 mg #120 x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living.

Flurb/Lido/Ultraderm/Flurbiprofen 25%/Lidocaine 5% in Lipoderm Base 30gm: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain syndrome. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines.

Fexmid / Cyclobenzaprine HCL 7.5 mg #90 x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic back pain and spasm and the prolonged use of Fexmid 7.5mg is not justified.