

Case Number:	CM14-0095447		
Date Assigned:	07/25/2014	Date of Injury:	10/02/2003
Decision Date:	08/25/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 52 year old female, who sustained an industrial injury on October 02, 2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having low back pain with radiculopathy to the lower extremities with the right worse than the left, right disc protrusion to the lumbar four to five with an annular tear and a right greater than the left disc bulge at lumbar five to sacral one as noted on magnetic resonance imaging, and subjective complaints of neck and bilateral upper extremity pain. Treatment and diagnostic studies to date has included laboratory studies, magnetic resonance imaging of the cervical spine, medication regimen, electromyogram with nerve conduction velocity of the bilateral upper extremities, and magnetic resonance imaging of the lumbar spine. In a progress note dated May 13, 2014 the treating physician reports complaints of low back that radiates to the lower extremities with the right greater than the left along with sharp pain to the neck and the arms with the right worse than the left. The treating physician also notes complaints of numbness to the legs and complaints of heartburn. Examination reveals decreased sensation to the right lumbar four through sacral one dermatomes, a positive bilateral straight leg raise, spasms and tenderness to the lower lumbar paravertebral muscles, decreased sensation to the right upper extremity, and tenderness and spasms to the paracervical muscles. The injured worker's medication regimen included Tylenol, Prilosec, and Norco. The injured worker's pain level was rated an 8 to 9 out of 10. The injured worker noted that her medication regimen assists with relief of her pain, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of

her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested the medications of Norco 5/325mg for severe pain noting current use of this medication and Flurbiprofen, Camphor, Menthol, Capsaicin topical compound to be applied over the painful areas as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Norco is a short acting opioid combined with acetaminophen. MTUS Guideline recommendations for opioids for chronic back pain state: "Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (> 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." In addition, on-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." The Guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. Therefore, the above listed issue is considered not medically necessary.

Flurbiprofen/Camphor/Menthol/Capsaicin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Capsaicin, Topical Analgesics Page(s): 28, 56-57, 72, 84, 112-113.

Decision rationale: Usually topical analgesics are utilized in patients with neuropathic pain after a trial of oral antidepressants has failed. The efficacy of compounded agents, which include several different medications from various drug classes, is not supported by research. Topical capsaicin is only recommended in patients who have not responded to other treatments. The MTUS is silent on menthol and camphor. Flurbiprofen (topical) is recommended for short-term

use but not for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain. According to the MTUS Guidelines, topical analgesics may be recommended as an option in certain cases. In addition, the MTUS Guidelines clearly state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the above listed issue is considered to be not medically necessary.