

Case Number:	CM15-0005879		
Date Assigned:	01/26/2015	Date of Injury:	09/12/2012
Decision Date:	03/16/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/12/2015

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: Emergency 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 43 year old male, who sustained an industrial injury on 9/12/12. He has reported lower back pain. The diagnoses have included degenerative disc disease at L4-L5 and L5-S1. Treatment to date has included epidural injections, diagnostic studies, physical therapy, left sacroiliac joint injection and oral medications. As of the PR2 on 12/11/14, the injured worker reported no change in lower back pain. He reports that sitting for long periods of time increase pain. The injured worker is scheduled for a surgical consult. The treating physician is requesting to continue the Norco 10/325mg #60 and Flurbiprofen/Lidocaine topical cream to lower back twice a day 120mg and Flurbiprofen/Lidocaine 30gm. On 1/9/15 Utilization Review non-certified a request for Flurbiprofen/Lidocaine topical cream to lower back twice a day 120mg and Flurbiprofen/Lidocaine 30gm and modified a request for Norco 10/325mg #60 to Norco 10/325mg #45. The UR physician cited the MTUS and ACOEM guidelines for chronic pain. On 1/12/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #60, Flurbiprofen/Lidocaine topical cream to lower back twice a day 120mg and Flurbiprofen/Lidocaine 30gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine topical cream to lower back twice a day 120mg quantity 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): pages 111-113.

Decision rationale: The requested Flurbiprofen/Lidocaine topical cream to lower back twice a day 120mg quantity 1.00 , is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has chronic low back pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Flurbiprofen/Lidocaine topical cream to lower back twice a day 120mg quantity 1.00 is not medically necessary.

Flurbiprofen/Lido 30gm quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): Pages 111-113.

Decision rationale: The requested Flurbiprofen/Lido 30gm quantity 1.00, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has chronic low back pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Flurbiprofen/Lido 30gm quantity 1.00 is not medically necessary.

Norco 10/325mg every 4 hours as needed quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Norco 10/325mg every 4 hours as needed quantity 60.00, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic low back pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg every 4 hours as needed quantity 60.00 is not medically necessary.