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| Case Number: | CM15-0010361 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 04/11/2002 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old male who reported an injury on 04/11/2002. The mechanism of injury involved heavy lifting. The current diagnoses include back pain, status post anterior total discectomy and artificial disc replacement at L4-5, and degenerative disc disease. The injured worker presented on 12/17/2014 with complaints of persistent low back pain. The injured worker reported 8/10 pain with radiation into the right lower extremity. The current medication regimen includes naproxen and Norco. Upon examination, there was tenderness to palpation, spasm, and tightness in the paraspinal musculature; decreased range of motion with forward flexion to 15 degrees, extension to 5 degrees, and 10 degree lateral bending; and decreased sensation at the L5-S1 distribution. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized Norco 10/325 mg since 07/2014. There is no documentation of objective functional improvement. The injured worker continues to present with high levels of pain. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was no frequency listed in the request. Given the above, the request is not medically appropriate.

1 Container of Flurbiprofen 20%, Baclofen 2%, and Cyclobenzaprine 2% 120gms. cream:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. Given the above, the request is not medically appropriate.

1 Container of Ketoprofen 15%, Gabapentin 8%, Diclofenac 5%, and Lidocaine 5% 120gms.cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac 1%. Lidocaine has not been approved for topical use in the form of a cream, lotion, or gel. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. Given the above, the request is not medically appropriate.