

Case Number:	CM15-0112219		
Date Assigned:	06/18/2015	Date of Injury:	01/17/1997
Decision Date:	07/29/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/10/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old male with an industrial injury dated 01/07/1997 resulting in lower back pain. His diagnoses included post laminectomy syndrome, lumbar region; degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, lumbago and sciatica. Prior treatment included aqua therapy, physical therapy, back surgery (failed), TENS unit and medications. The provider documents in a 2011 progress note the injured worker failed Neurontin and Lyrica. He presents on 04/30/2015 with complaints of constant pain that is a burning sensation radiating into left leg. The only alleviating factors are listed as "moderate activity" and oral pain medications. The treating physician documents the injured worker has tried aqua therapy and physical therapy which provided minimal or temporary pain relief. Physical exam revealed limited lumbar flexion due to low back pain and limited extension due to facet loading pain. Palpation of the lumbar facets also solicits facet tenderness. Straight leg raise was positive. Secondary perception was intact to soft touch in bilateral lower extremities except with persistent paresthesia in the left lumbar 4 and lumbar 5 dermatomes. Treatment plan included drug screen, home exercise program, epidural steroid injection, lumbar MRI, back brace, Hysingla ER 20 mg by mouth daily # 30, topical anti-inflammatory cream, Diclofenac and return in 4 weeks for medication refill. Diclofenac 100 mg was requested and authorized. The requested treatments for review are Hysingla ER 20 mg # 30 and compound cream Flurbiprofen 20 percent/Lidocaine 5 percent # 300 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Hysingla ER 20 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment with long-acting opioids, the request is not medically necessary.

Compound Cream (Flurbiprofen 20 Percent/Lidocaine 5 Percent #300 Gram: Upheld

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

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

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment is not medically indicated per the MTUS.