

Case Number:	CM15-0113683		
Date Assigned:	06/22/2015	Date of Injury:	02/06/2013
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/12/2015

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

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 54-year-old female, who sustained an industrial injury on February 6, 2013. She reported right shoulder pain, low back pain and left lower extremity and foot pain. The injured worker was diagnosed as having lumbar sprain/strain, multilevel disc protrusions in the lumbar spine with associated radiculopathy, acromioclavicular joint arthritis, right shoulder supraspinatus rotator cuff tendon full thickness, right shoulder status post open/arthroscopic surgery and frozen shoulder with persistent pain. Treatment to date has included diagnostic studies, radiographic imaging, chiropractic care, physical therapy, group therapy, psychotherapy, acupuncture, lumbar epidural steroid injections, medications and work restrictions. Currently, the injured worker complains of right shoulder pain, low back pain and left lower extremity and foot pain with associated tingling and numbness. She also noted depression and anxiety secondary to chronic pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 2, 2015, revealed continued pain with associated symptoms as noted. She reported increased pain with any activity and with cold weather. She noted the pain as severe. It was reported there was little benefit with previous lumbar epidural steroid injections. Evaluation on June 9, 2015, revealed continued chronic pain as noted. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

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

Decision rationale: The patient presents with lower back pain that radiates to the left leg. The current request is for Norco 10/325 mg #60. The treating physician report dated 5/19/15 (67) is hand written and partially illegible and states, "Medication prescribed, Norco 10/325 #60, Naproxen 550mg #60 and Flurbiprofen cream. The patient is helped by meds." There are check boxes on the examination form that state there are no side effects and medication compliance is as prescribed. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented that the patient has any relief with medication usage. There are no before or after pain scales used. There is no discussion regarding ADLs or any functional improvements with medication usage. There is mention of no side effects, but there is no discussion regarding aberrant behaviors, CURES or UDS found in the records. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary.

Naproxen 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The patient presents with lower back pain that radiates to the left leg. The current request is for Naproxen 550mg #60. The treating physician report dated 5/19/15 (67) is hand written and partially illegible and states, "Medication prescribed, Norco 10/325 #60, Naproxen 550mg #60 and Flurbiprofen cream. The patient is helped by meds." There are check boxes on the examination form that state there are no side effects and medication compliance is as prescribed. The MTUS guidelines support the usage of NSAIDs for the treatment of chronic pain; however, page 60 of the MTUS requires documentation of analgesia and function. In this case, the treating physician has not provided any documentation that this medication provides any functional improvement for the patient. The current request is not medically necessary.

Flurbiprofen/capsaicin/menthol cream with 1 refill: 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): 111-113.

Decision rationale: The patient presents with lower back pain that radiates to the left leg. The current request is for Flurbiprofen/capsaicin/menthol cream with 1 refill. The treating physician report dated 5/19/15 (67) is hand written and partially illegible and states, "Medication prescribed, Norco 10/325 #60, Naproxen 550mg #60 and Flurbiprofen cream. The patient is helped by meds." There are check boxes on the examination form that state there are no side effects and medication compliance is as prescribed. The MTUS guidelines state, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In this case, the treating physician documents lower back and left leg pain and do not discuss any medical rationale for prescribing a topical NSAID to treat axial skeletal pain with radiculopathy. There is no documentation that the prescribed topical analgesic is for peripheral joint arthritic pain as recommended by MTUS. The current request is not medically necessary.