MAXIMUS Federal Services

Case Number:	CM15-0121309		
Date Assigned:	07/02/2015	Date of Injury:	09/12/2011
Decision Date:	08/07/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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: Pennsylvania, Ohio, California
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:

This 54 year old female sustained an industrial injury on 9/12/11. She subsequently reported back pain. Diagnoses include post-laminectomy syndrome. Treatments to date include CT and MRI testing, back surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience low back pain that radiates to the bilateral lower extremities. Upon examination, there is tenderness to palpation over the left greater than right sacroiliac joints with lumbar paraspinal muscle spasms. Range of motion is diminished in all planes of the lumbar spine secondary to pain. Straight leg raise is positive on the right. There are positive FABER and distraction tests. Deep tendon reflexes are 1 plus throughout the lower extremities. A request for Norco and Flurbiprofen medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 request dated 4/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 90, 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Flurbiprofen compounded topical cream, request dated 4/23/15: 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: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.