

Case Number:	CM15-0123094		
Date Assigned:	07/07/2015	Date of Injury:	04/26/2013
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/25/2015

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: 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 42-year-old female who sustained an industrial /work injury on 4/26/13. She reported an initial complaint of neck and back pain. The injured worker was diagnosed as having acute cervical strain and acute thoracic strain. Treatment to date includes medication and diagnostics. Currently, the injured worker complained of persistent pain in the neck and lower back at 7/10 that was intermittent. Pain in the bilateral shoulders at 7/10 that is also intermittent. Per the primary physician's report (PR-2) on 5/19/15, exam notes cervical spine has decreased range of motion, tenderness to palpation to the paraspinals, as well as hypotonicity to the paraspinals, positive cervical compression. Lumbar spine has decreased range of motion, tenderness with palpation to the paraspinals, positive Kemp's signed bilaterally, as well as positive sitting straight leg raise bilaterally. Gait was antalgic. Current plan of care included psyche consult and medication. The requested treatments include Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm and Tylenol #3 (codeine 30/acetaminophen 300mg) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and Lidocaine medications for this chronic injury of 2013 without improved functional outcomes attributable to their use. The Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm is not medically necessary and appropriate.

Tylenol #3 (codeine 30/acetaminophen 300mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

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

Decision rationale: Per MTUS and ACOEM Guidelines, Acetaminophen is a first-line recommended treatment for chronic pain and during acute exacerbations for osteoarthritis of the joints and musculoskeletal pain; however, there is concern for hepatotoxicity with overdose causing acute liver failure. Long-term treatment of codeine is also not warranted without demonstrated functional improvement. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tylenol #3 (codeine 30/acetaminophen 300mg) #60 is not medically necessary and appropriate.