

Case Number:	CM15-0123183		
Date Assigned:	07/07/2015	Date of Injury:	07/25/2013
Decision Date:	08/07/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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, 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 a 41 year old male, who sustained an industrial injury on 07/25/2013, secondary to using a pickaxe that become stuck in the ground resulting in back pain low back when trying to loosen it. On provider visit dated 05/14/2015 the injured worker has reported chronic low back pain. On examination gait was noted as antalgic and injured worker was able to ambulate into the room without on assisted. The injured worker was noted to be working on restrictions. The diagnoses have included long-term use meds NEC, lumbar disc displacement without myelopathy and pain in joint-lower leg. Treatment to date has included home exercise program and medication noted as Gabapentin, Capsaicin Cream, Orphenadrine-Norflex ER and Norco. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity noted. The provider requested Norco, Orphenadrine-Norflex ER and Capsaicin 0.075% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream, pepper cream #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: Regarding the request for capsaicin, CA MTUS states that capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the aforementioned criteria have been documented, as the patient is noted to be currently utilizing medication with significant benefit. Given all of the above, the requested capsaicin is not medically necessary.

Orphendarine-Norflex ER 100 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66 of 127.

Decision rationale: Regarding the request for orphenadrine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested orphenadrine is not medically necessary.

Norco 10/325 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects or aberrant use. In light of the above, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.