

Case Number:	CM15-0124535		
Date Assigned:	07/09/2015	Date of Injury:	08/14/2013
Decision Date:	09/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 Certification(s)/Specialty: Internal 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 40 year old, male who sustained a work related injury on 8/14/13. The diagnoses have included lumbago, low back pain, knee pain and long-term medication use. Treatments have included oral medications and medicated cream. In the PR-2 dated 5/15/15, the injured worker complains of continued low back and right knee pain. He rates his pain level a 7/10. He has right knee swelling. He has tenderness at right knee joint line. He has tenderness at lumbar spine and facet joints. He has decreased range of motion in lumbar spine. Urine drug screen performed on 5/15/15 is positive for opiates. He is not working. The treatment plan includes prescriptions for medications and medicated cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-91, 124.

Decision rationale: Per CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period." Long-term use of opioids is not recommended. It is noted that the injured worker has been on this medication for over 5 months. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg #180 is not medically necessary.

Zanaflex 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine Page(s): 63-66, 111.

Decision rationale: Per CA MTUS guidelines, Zanaflex is a muscle relaxant used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." "However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity with unlabeled use for low back pain. Documentation fails to demonstrate clinical evidence of muscle spasm to establish the medical necessity for the use of Zanaflex. The request for Zanaflex 4mg #120 is not medically necessary per guidelines.

Container of Flurbiprofen 25% and Lidocaine cream 5% 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) is used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Container of Flurbiprofen 25% and Lidocaine cream 5% 120 grams is not medically necessary.