

Case Number:	CM15-0124572		
Date Assigned:	07/09/2015	Date of Injury:	05/06/2002
Decision Date:	09/08/2015	UR Denial Date:	06/08/2015
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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41-year-old male who sustained an industrial injury on 05/06/2002 resulting in pain to the left upper back. Treatment provided to date has included: physical therapy without benefit; acupuncture without benefit; chiropractic treatment without benefit; lumbar fusion surgery; injections; medications (Hydrocodone, Gabapentin,); and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (2012) showing previous L4-5 laminectomy, and L4-5 and L5-S1 vertebral body fusion without subluxation. There were no noted comorbidities or other dates of injury noted. On 05/20/2015, physician progress report noted complaints of constant low back pain with radiating pain to the bilateral lower extremities and occasional weakness in the lower extremities. No pain rating was mentioned. Additional complaints included not being able to feel his legs for about 15 minutes after waking-up in the mornings, constipation, depression, anxiety, shortness of breath and insomnia. Current medications include Norco, naproxen, Prilosec and topical flurbiprofen, capsaicin and Menthol. The physical exam revealed healed surgical scars to the lumbar spine area, tenderness to palpation of the lumbar paraspinal musculature and sacroiliac joints without guarding, normal gait with no pain reported with tiptoe and heel walking, pain with partial squatting, decreased sensation in the lateral left thigh, lateral and medial left leg and left foot, positive straight leg raises bilaterally, tenderness to palpation and crepitation to both knees with patellar grinding, and a mild Baker's cyst to the right knee. A computerized ROM test, dated 05/21/2015, showed significant restricted ROM in the lumbar spine. The provider noted diagnoses of status post bilateral lumbar interbody fusion (2006), hardware removal (2007), exploration of fusion (2008), placement of intrathecal catheter due to spinal fluid leak (2008), persistent lumbar spine pain rule out herniated disc and radiculopathy, gastritis, major depression disorder, pain disorder, and sleep disorder. Plan of care includes urine drug testing, continued medications of Norco, Prilosec, and topical cream (Flurbiprofen, capsaicin and

Menthol), psychiatric-psychology consultation and treatment, internal medicine assessment for medical causes of anxiety, and part-time lumbar support. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes: Norco 7.25/325mg #30 with 2 refills, an unknown prescription for a topical cream consisting of Flurbiprofen, capsaicin and Menthol, and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.25/325mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

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

Decision rationale: MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends the discontinuation of Norco (an opioid) when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) intensity of pain after taking the opioid; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; or 7) improvement in function. In addition, there has been no overall measurable improvement in function or decrease in pain while taking this medication over the last 6 months or more. As such, Norco 7.25/325mg #30 with 2 refills is not medically necessary.

Unknown prescription of Flurbi/Caps/Menthol cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents, Indications, Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Non-steroidal anti-inflammatory agents (NSAIDs) and Flurbiprofen.

Decision rationale: According to the MTUS guidelines: "Topical Analgesic are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is classified as a NSAID. NSAIDs,

in the topical form, are not recommended for neuropathic pain as there is no evidence to support use. The ODG also states: Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, & #131; adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, & #131; agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor); however, there is little to no research to support the use of many these agents. Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. At this time, the only available FDA-approved topical NSAID is Diclofenac. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. In regards to the compounded topical analgesic consisting of Flurbiprofen, capsaicin and Menthol, Flurbiprofen is not FDA approved for topical application and not outlined in the MTUS guidelines. Additionally, capsaicin is recommended as a treatment option for specific disease processes in specific doses. There were no diagnoses or evidence of osteoarthritis, post-herpetic neuralgia, diabetic neuropathy or post- mastectomy pain, and there was no specific dosage indicated by the provider. As a result, this compounded topical application consisting of unknown Flurbiprofen, capsaicin and Menthol is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation (FCE).

Decision rationale: The MTUS does not address the medical necessity of a Functional capacity Evaluation (FCE), therefore other guidelines were considered in this review and decision. The ODG states that a Functional Capacity Evaluation (FCE) is "recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. It is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally". The ODG goes on to state that a FCE can be valuable tool in clinical decision-making for the injured worker; however, a FCE is an extremely complex and multifaceted process which little is known about the reliability and validity of this test as more research is needed. Guidelines for performing a FCE include: 1) recommended prior to entering a WH program with assessment tailored to a specific job or task; 2) if a worker is actively participating in determining if he is suitable for a specific job; 3) provide as much detail about the specific job or task as possible to the evaluator thus allowing for detailed exam findings in regards to that job or task. It is not recommended to proceed with a FCE if: 1) "the sole purpose is to determine an injured worker's effort or compliance; or 2) if the injured worker has returned to work and an ergonomic assessment has not been arranged". In this case, there is no evidence that the injured worker is preparing to enter a WH Program, or return to work with a specific job or task. Additionally, there was no indication in the progress notes that a FCE was requested and the reason for the

need of a FCE. As such, the functional capacity evaluation is not medically necessary.