

Case Number:	CM15-0029857		
Date Assigned:	02/23/2015	Date of Injury:	11/10/2011
Decision Date:	04/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 45 year old male who sustained an industrial injury on 11/10/2011. Diagnoses include degenerative disc disease of the lumbar spine, lumbar radiculopathy, lumbar stenosis and left knee arthralgia status post partial laminectomy L4 and L5 left sided and microdissection, cauda equina and never roots, on 01/13/2015. Treatment to date has included mediations, physical therapy, acupuncture, epidural steroid injections, and chiropractic sessions. A physician progress note dated 01/27/2015 documents the injured worker's pain is rated 5 out of 10 on the pain schedule. He no longer has pins and needles sensations traveling down his left lower extremity and notes the pain is aching and sore at this time. Medications help decrease his pain. Gait is normal. She has tenderness to palpation over lower lumbar paraspinal with spasm present. He is 2 weeks post-surgery. Treatment requested is for Norco 10/325mg #120, and CM4 caps 0.05% + Cyclo 4%. On 02/03/2015 Utilization Review non-certified the request for CM4 caps 0.05% + Cyclo 4%, and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for Norco 10/325mg #120 was modified to Norco 10/325mg #60 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 caps 0.05% + Cyclo 4%: Upheld

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

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

Decision rationale: The requested CM4 caps 0.05% + Cyclo 4%, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The treating physician has documented tenderness to palpation over lower lumbar paraspinal with spasm present. He is 2 weeks post-surgery. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, CM4 caps 0.05% + Cyclo 4% is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented tenderness to palpation over lower lumbar paraspinal with spasm present. He is 2 weeks post-surgery. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.