MAXIMUS Federal Services

Case Number:	CM15-0070468		
Date Assigned:	04/17/2015	Date of Injury:	10/18/2009
Decision Date:	05/22/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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 57-year-old female, who sustained an industrial injury on 10/18/2009. She reported repetitive type injury to right upper extremity, wrist and shoulder, as well as pain in the neck. Diagnoses include bilateral shoulder adhesive capsulitis, multilevel cervical disc disease, multilevel lumbar disc disease, generalized abdominal pain, anxiety, and radiculitis. Treatments to date include oral and topical medication therapy, physical therapy, cervical and lumbar epidural steroid injections. Currently, she complained of low back pain and neck pain. On 2/26/15, the physical examination documented tenderness of cervical and lumbar muscles, a positive straight leg raise on the right side with decreased sensation noted. The plan of care included continuation of Norco and a topical compound cream as previously ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 1 tab bid prn for pain #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 78-80; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient was injured on 10/18/09 and presents with low back pain and neck pain. The request is for NORCO 5/325 MG 1 TAB BID PRN FOR PAIN #60 for breakthrough pain. The RFA is dated 07/01/14 and the patient's work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, Criteria for use of opiates for long-term users of opiates (6 months or more) states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication for work, and duration of pain relief. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. In this case, none of the 4As are addressed as required by the MTUS Guidelines. The treater does not provide any before-and-after pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as urine drug screens, CURES report, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

Flurbiprofen 15 percent Cyclobenzaprine 10 percent Baclofen 2 percent Lidocaine 5 percent cream #1: Upheld

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

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

Decision rationale: The patient was injured on 10/18/09 and presents with low back pain and neck pain. The request is for FLURBIPROFEN 15%, CYCLOBENZAPRINE 10%, BACLOFEN 2%, LIDOCAINE 5% CREAM #1. The RFA is dated 07/01/14 and the patient's work status is not provided. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. MTUS also states that many agents are compounded for pain control

including antidepressants and that there is little to no research to support their use. There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen. There is tenderness to the lumbar, thoracic, and cervical paraspinal muscles. Straight leg raise on the right lower extremity is positive at 45 degrees and there is decreased sensation to the right L4 and L5 dermatomes compared to the left side. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. Neither Baclofen nor Lidocaine (in a non-patch form) are indicated for use as a topical formulation. Therefore, the requested topical cream IS NOT medically necessary.