

Case Number:	CM15-0077736		
Date Assigned:	04/29/2015	Date of Injury:	06/28/2012
Decision Date:	05/29/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/23/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 47-year-old male patient who sustained an industrial injury on 06/28/2012. His initial subjective complaint was of low back pain along with bilateral feet pain. He was treated conservatively with radiography study, oral medication, off from work duty, magnetic resonance imaging, and subsequently underwent spine surgery on 11/12/2012. Thereafter, he participated in post-operative physical therapy with a noted 60-70 % relief of back and leg pain. In addition, acupuncture, further diagnostic tests to include nerve conduction study. A primary treating office visit dated 02/26/2015 reported the patient with present complaints of lumbar spine, and bilateral feet pain. His current medications are: Norco, Ambien, and an anti-inflammatory agent. The following diagnoses are applied: lumbar spine strain/sprain, degenerative spondylolisthesis, and sprain/strain of bilateral feet. The plan of care involved: offering treatment for flare-ups to consist of physical therapy treatment. Prescriptions given: Norco, Motrin, Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: ODG guidelines support opioids with 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such, chronic opioids are not medically necessary.

Terocin Cream 1 cream: 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 meds Page(s): 111.

Decision rationale: The medical records report joint pain but does not indicate failure of oral NSAIDS or demonstrate findings that contraindicate oral NSAIDS. MTUS supports topical NSAIDS for conditions where oral NSAIDS are not helpful or contraindicated. MTUS guidelines support that topical pain preparations are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical records provided for review indicate a pain condition related to neurological condition but does not detail previous trials of antidepressants or anticonvulsants tried and failed or demonstrated to be intolerant. As such, the medication records do not support the use of topical compound cream at this time as medically necessary.

Motrin 800mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long-term effectiveness for pain. As such, the medical records provided for review do not support the use of Motrin for the insured, as there is no indication of objective benefit in function. Therefore, the request is not medically necessary.