

Case Number:	CM15-0094151		
Date Assigned:	05/20/2015	Date of Injury:	10/22/2007
Decision Date:	06/22/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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, California

Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on October 22, 2007. The injured worker was diagnosed as having status post neck surgery, persistent low back pain and left anterior thigh pain with history of lumbosacral operative fixation, chronic headaches, chronic left shoulder pain, and left ulnar and median neuropathies. Treatment to date has included cervical spine and lumbar spine surgeries, MRIs, x-rays, occipital nerve blocks, electrocardiogram, nerve conduction study (NCS), and medication. Currently, the injured worker complains of neck and back pain. The Primary Treating Physician's report dated April 22, 2015, noted the injured worker reported that with his medications his pain was kept at a moderate level of anywhere from 4/10 to 6/10, able to do his self-care activities of daily living and function at his schedule. The injured worker's current medications were noted to include Norco, Biofreeze, and a trial of Trazodone, with a signed opioid agreement noted to be in the chart. Physical examination was noted to show the injured worker ambulating with use of a single point cane, with limited lumbar spine range of motion (ROM) in both flexion and extension. A MRI from 2008 was noted to show a supraspinatus partial tear and labral tear, and a nerve conduction study (NCS) from 2008 was noted to be positive. The treatment plan was noted to include a prescription for Norco, with an additional postdated prescription to be filled in a month, an initiation of Trazodone, and a prescription for Biofreeze.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240 prescribed on 4/22/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months. Long-term use is not indicated. The claimant was initiated on a Tricyclic for sleep on 4/22/15 rather than pain. Failure of Tylenol, NSAID or a weaning attempt to lower dose or frequency is not noted. Continuation and overlap of Norco on 4/22/15 is not medically necessary.

Norco 10/325mg #240 dispensed on 5/22/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months. Long-term use is not indicated. The claimant was initiated on a Tricyclic for sleep on 4/22/15 rather than pain. Failure of Tylenol, NSAID or a weaning attempt to lower dose or frequency is not noted. Response to combined medications above was not provided. Continuation and overlap of Norco on 5/22/15 is not medically necessary.

Biofreeze roll on #3 bottles with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Biofreeze contains Menthol. There is insufficient evidence for the use of Menthol for pain. In addition, long-term use of topical analgesics is not indicated. The claimant had been on Biofreeze for several months. The Biofreeze with 5 refills is not medically necessary.