

Case Number:	CM15-0095071		
Date Assigned:	05/21/2015	Date of Injury:	03/01/2012
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, 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:

This is a 49-year-old male patient who sustained an industrial injury on March 1, 2012. The diagnoses include lumbar radiculopathy secondary to instability at the L1-2 level and compression of the left peroneal nerve secondary to limping. He sustained the injury due to slipped and fall incident. Per the doctor's note dated 5/11/2015, he had complaints of back pain with radiation mainly to left leg and left testicle with numbness, weakness and atrophy of the left leg. The physical examination revealed decreased strength and atrophy of left leg, decreased sensation in left foot, slow gait with limping with left leg, a positive Tinel's sign in the distribution of the left peroneal nerve just below the head of the fibula and a severe muscle spasm in the lumbosacral musculature. The medications list includes neurontin, ultram, percocet and topical compound creams. He has had lumbar MRI dated March 9, 2015 which revealed at L1-2 level evidence of diffuse disc herniation with disc material causing bilateral foraminal stenosis, the disc herniation measure 4 mm in the neutral position, 2.9 inches the flexion and 5.9 inches extension, at the L5-S1 level, a broad based disc herniation with hypertrophy of the facet joints and hypertrophy of the Ligamentum flavum causing spinal canal stenosis and stenosis of the lateral recess bilaterally, the foraminal stenosis causing compression of the L5 nerve roots bilaterally, the disc herniation in the neutral position measures 2.7 mm, in flexion 2.9, and extension 2.9; EMG/NCS dated 6/9/14 and 1/21/15 which revealed left L5 radiculopathy; CT lumbar spine dated 5/4/2015. He has undergone lumbar micro discectomy at L1-2 and L5-S1 and osteotomy to remove osteophytes at L5-S1 on 9/23/2013; decompression at L1-2 on 9/5/14. He

has had multiple urine drug screening last on 4/22/15. The treatment request included Percocet and topical compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 0.5 tabs qhs (# of tabs not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: Q-- Percocet 10/325mg 0.5 tabs qhs (# of tabs not specified). This is a request for Percocet, which is an opioid analgesic. It contains acetaminophen and oxycodone. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10/325mg 0.5 tabs qhs (# of tabs not specified) is not established for this patient.

Topical compound creams: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Q-Topical compound creams. Contents of the compound cream is not specified in the records provided. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as mono-therapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants)". (Argoff, 2006). 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". "Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Contents of the compound cream is not specified in the records provided. The medical necessity of Topical compound creams is not fully established for this patient.