

Case Number:	CM15-0097030		
Date Assigned:	05/27/2015	Date of Injury:	10/16/2014
Decision Date:	06/25/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/19/2015

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 33-year-old male, who sustained an industrial injury on 10/16/2014 when he slipped and fell backwards landing on his buttocks. Treatment to date has included x-rays, medications and MRI of the lumbar spine. The injured worker had taken, over the counter Advil, Tylenol, Aspirin, Aleve, Zanaflex, Celebrex and Ultram with no relief of pain and Norco with mild decrease in pain. According to a progress report dated 04/15/2015, the injured worker presented with low back and left lower extremity complaints. He complained of constant stabbing pain across the belt line, strongest on the left side. Pain was primarily left sided, 60 percent left and 40 percent right. He was limited in his activities of daily living due to pain. He recently had a new child and was unable to carry his newborn. Bending at the waist caused his low back to spasm and give out. He got 6 hours of interrupted sleep per night. He complained of radiating stabbing pain and weakness down the left lower extremity to the ankle. Pain was rated 7 on a scale of 1-10. Diagnoses included lumbar herniated nucleus pulposus and lumbar radiculopathy. The treatment plan included Gabapentin, Nabumetone, Norco, CM4-Capsaicin 0.05%/Cyclo 4%, med and infection panel, transforaminal epidural steroid injection left L5 and S1 pending infection panel, chiropractic treatment and a follow up in one week. The injured worker was temporarily partially disabled x 6 weeks. Currently under review is the request for Norco, Capsaicin cream 0.05%/Cyclo 4% and Nabumetone date of service 4/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30, DOS: 04/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 78, 91.

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 in combination with Tramadol NSAIDs and Ticyclic for over 6 months. Combined use has not been studied. There is no indication of specific pain reduction with Norco isolated but the pain was consistently 7/10 for months. A weaning failure was not noted. Chronic and continued use of Norco on 4/23/15 is not medically necessary.

Retrospective request for (CM4) Capsaicin cream 0.05%. Cyclo 4% no amount given DOS: 04/23/15: 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): 111-112.

Decision rationale: According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Capsaicin cream 0.05%. Cyclo 4% contains a higher amount of Capsaicin than is medically necessary. In addition, topical muscle relaxants such as Flexeril is not recommended due to lack of evidence. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. In addition, the above was used in conjunction with NSAIDs, oral muscle relaxants and opioids. Therefore topical compound above prescribe on 4/23/15 is not medically necessary.

Retrospective request for Nabumetone 750mg #60, DOS: 04/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs (prior Celebrex) for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain had been consistent for several months at 7/10. No one NSAID is superior to another. Continued use of Nabumetone on 4/23/15 is not medically necessary.