

Case Number:	CM14-0146374		
Date Assigned:	09/12/2014	Date of Injury:	01/17/2002
Decision Date:	10/22/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year old female who sustained an injury on 01/17/02 when she fell off of steps. The injured worker has been followed for complaints of pain in the right finger, wrist, knee, and ankle. The injured worker did have a noted contraindication to oral NSAIDs. The injured worker is status post first dorsal compartment release in the right wrist as well as a lumbar fusion at L3-4 and right knee chondroplasty. The injured worker has seen physical therapy. The clinical report dated 07/24/14 noted ongoing complaints of right knee pain as well as headaches, pain in the right wrist, and back pain. The injured worker's physical exam noted tenderness to palpation in the right knee and right wrist. There was limited lumbar range of motion with associated tenderness to palpation. The requested medications were denied on 09/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, one tabl qd-bid #45 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, this reviewer would not have recommended this request as medically necessary.

Lidocaine 5%, Flurbiprofen 20%, 120gm, two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56.

Decision rationale: In regards to the use of a topical compounded medication that includes Lidocaine and Flurbiprofen 120g with two refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen which is not approved for transdermal use. Furthermore, there was no evidence regarding efficacy of the compounded medication to support multiple refills. Therefore, this compound cannot be supported as medically necessary.