

Case Number:	CM13-0019549		
Date Assigned:	10/11/2013	Date of Injury:	11/29/2000
Decision Date:	05/07/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Practice, has a subspecialty in Pain Medicine, and is licensed to practice in Arizona. 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 Physician 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:

This 60 yr. old male beneficiary sustained a work injury on 11/29/2000 that resulted in bilateral shoulder injury. An examination report on 11/29/2000 indicated the claimant had 1-5/10 pain and used Flexeril for muscle spasms. His objective findings included limited range of motion of both shoulders. He also had sleep issues - non-specific. His diagnoses included bilateral shoulder impingement. He was placed on a TENS unit and prescribed Naprosyn, Acetadryl for insomnia, Prilosec (to treat an upset stomach), Medrox patches and Vicodin for pain. A subsequent report on 9/11/13 indicated similar exam findings and 5/10 pain. He had been using Flexeril. The above medications were appealed to treat the pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG#60, (DISPENSED ON 07/31/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, MUSCLE RELAXANT, 64

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FLEXERIL Page(s): 41.

Decision rationale: According to the MTUS guidelines: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly with sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the Flexeril was used greater than one month and prescribed with other agents and is therefore not medically necessary.

NAPROXEN 550MG#60 (DISPENSED ON 07/31/13): Upheld

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

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

Decision rationale: For Osteoarthritis (including knee and hip): NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. For Back Pain - Acute exacerbations of chronic pain: NSAIDs are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. The addition of NSAIDs or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. For Back Pain - Chronic low back pain: NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. For Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in

with neuropathic pain. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing

ACETADRYL#60(DISPENSED ON 07/31/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ACETAMINOPHEN Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SECTION PAIN: INSOMNIA TREATMENT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SECTION INSOMNIA MEDICATIONS

Decision rationale: Acetadryl contains Tylenol and diphenhydramine and is used as a sleeping aid. The MTUS does not address sleep aids. According to the ODG guidelines, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case there is no sleep pattern evaluation or etiology documented. As a result Acetadryl is not medically necessary.

PRILOSEC 50mg#60 (DISPENSED ON 07/31/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION NSAID's Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the employee at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

MEDROX PATCHES #15 (DISPENSED ON 07/31/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION SALICYLATE TOPICALS Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS
Page(s): 111-113.

Decision rationale: Medrox contains methyl salicylate 5%, menthol 5%, capsaicin 0.0375% .
Compounded agents have very little to no research to support their use. 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, Medrox contains a higher amount of
Capsaicin than is medically necessary. According to the guidelines, any compounded
medication that contains a medication that is not indicated is not indicated. Therefore Medrox
is not medically necessary

VICODIN 5/500mg#120 (DISPENSED ON 07/31/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION
OPIOIDS Page(s): 89-92.

Decision rationale: Norco (Vicodin 5/500 mg) is a short acting opioid used for breakthrough
pain. According to the MTUS guidelines, it is not indicated at first-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 employee had not failed first-line therapy such as Tylenol and does not
have findings of neuropathic pain. Therefore, Norco is not medically necessary.

TEROCIN LOtion 120 (DISPENSED ON 07/31/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
SECTION TOPICAL ANALGESICS, Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL
ANALGESICS Page(s): 111-113.

Decision rationale: Terocin lotion contains the following: Methyl Salicylate 25 %, Capsaicin
0.025%, Menthol 10%, and Lidocaine 2.50%. According to the MTUS guidelines compounded
agents have very little to no research to support their use. 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, Terocin contains a higher amount of Capsaicin than is
medically necessary. According to the guidelines, any compounded medication that contains a
medication that is not indicated is not indicated. Therefore Terocin is not medically necessary.