

Case Number:	CM13-0020098		
Date Assigned:	10/11/2013	Date of Injury:	06/01/2007
Decision Date:	01/17/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 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:

The patient is a 56-year-old female who reported an injury on 06/01/2007. The patient reported the injury was secondary to repetitive work duties. The patient was noted to be status post left carpal tunnel release and cervical fusion. The patient complained of ongoing upper extremity pain along with numbness and tingling. The patient's last urine drug screen collected on 08/05/2013 revealed presence of no medications to include the prescribed Cyclobenzaprine and hydrocodone. The most recent note indicates that the patient did not like Norco, as it made her too groggy and hydrocodone was listed under the patient's allergies. The patient's current treatment plan is for ongoing medication management and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: CA MTUS guidelines state that Cyclobenzaprine is "Recommended as an option, using a short course of therapy." The documentation submitted for review indicates that

the patient has been utilizing Cyclobenzaprine since at least 06/2013. Guidelines only recommend the use of Cyclobenzaprine for a short course of therapy. The request for ongoing use would exceed guideline recommendations for total duration of care. Furthermore, there is a lack of documentation of specific trigger points and/or muscle spasms to support ongoing use at this time. As such, the request is non-certified.

Narcosoft herbal laxative #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: CA MTUS guidelines state that "prophylactic treatment of constipation should be initiated" for patients on opioids. The documentation submitted for review does indicate that the patient has been utilizing hydrocodone. However, the most recent note indicates the patient did not like Norco and it was listed under the patient's allergies. Furthermore, the patient's intake of her opioid medications is suspect as all 3 of the submitted urine drug screens did not reveal the presence of hydrocodone. Furthermore, the concurrent request for Norco was non-certified. Therefore, ongoing prophylactic treatment of constipation would not be needed. Given the above, the request is non-certified.

Sumatriptan 50mg #9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, Sumatriptan, Online Edition

Decision rationale: CA MTUS, ACOEM and Official Disability Guidelines do not specifically address Sumatriptan. MedlinePlus states that "Sumatriptan is used to treat the symptoms of migraine headaches (severe, throbbing headaches that sometimes is accompanied by nausea or sensitivity to sound and light). Sumatriptan is in a class of medications called selective serotonin receptor agonists." The documentation submitted for review indicates that the patient is being treated for headaches. However, the recent documentation submitted for review did not report headaches as 1 of the patient's symptoms. Furthermore, there is lack of documentation of any potential symptom relief with use of this medication. As such, the request is non-certified.

Hydrocodone/APAP 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: CA MTUS guidelines state that "The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation submitted for review does not provide evidence consistent with the 4 A's. The 3 urine drug screens submitted for review were all negative for hydrocodone. The documentation submitted for review fails to indicate that the patient has any significant pain complaints and/or relief with hydrocodone to support ongoing use. In fact, the most recent note on 10/24/2013 listed hydrocodone under the patient's allergies. The patient reported that Norco made her feel groggy and did not request refills of medications. Given the above, the request is non-certified.

Fluriflex 15/10% cream 180 gm: 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): 111-113.

Decision rationale: Fluriflex contains Flurbiprofen and Cyclobenzaprine. CA MTUS guidelines state that topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is classified as a muscle relaxant. CA MTUS guidelines state there is no evidence for use of any other muscle relaxant as a topical product. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. CA MTUS guidelines state that for topical NSAIDs "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Since the guidelines do not recommend both of the ingredients, there is no medical necessity for this compound and it is non-certified.

TGHot 08/10/2/2/.05% cream 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: TGHot contains Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05%. CA MTUS guidelines state that topical analgesics are "Largely

experimental in use with few randomized controlled trials to determine efficacy or safety...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The CA MTUS guidelines also state that "Topical Salicylates are recommended...Tramadol is not recommended as a first line therapy...Gabapentin: Not recommended. There is no peer-reviewed literature to support use... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Since the guidelines do not recommend several of the ingredients, there is no medical necessity for this compound and it is non-certified.