

<b>Case Number:</b>	CM13-0030542		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/17/2001
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 and Pain Management, and is licensed to practice in Florida. 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 53 year old female who reported an injury on 01/17/2001. The mechanism of injury was not provided in the medical records. The office visit note dated 12/12/2013 noted that the patient complained of flare up neck pain, muscle spasms across the right side of her neck and shoulder girdle, with similar symptoms on the left to a lesser degree. The patient also stated that she had ongoing low back pain but denied any radiating symptoms. Current medications for pain are Ibuprofen and Tylenol, and Flector patches. Range of motion to the patient's neck is limited to 50 degrees, flexion and extension is 10 degrees. Palpation reveals muscle hyper tonicity, suggesting muscle spasm across the cervical paraspinal and cervical trapezius muscle. The patient was informed to continue her home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid solution:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Pennsaid (diclofenac sodium topical solution)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs Page(s): 68 of 127.

**Decision rationale:** The MTUS guidelines indicate that NSAIDS are recommended as a second-line treatment after acetaminophen. NSAID's are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. For chronic low back pain the MTUS guidelines noted that a Cochrane review of the literature on drug relief for low back pain suggested that NSAID's were no more effective than Tylenol. The documentation provided noted that the employee was doing home exercise but gave no objective decisions on reasons for the NSAID prescription, the duration of, and the history of the effectiveness of it. Therefore the request is non-certified.

**Percocet 10/325mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-83.

**Decision rationale:** The MTUS guidelines classify Percocet as an opioid and is to be monitored for long term issues and the "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 drugtaking behaviors)." The MTUS guidelines do not recommend opioids for long term use and with the documentation of the injury date of 01/17/2001 which is over 13 years ago, the MTUS guidelines suggest that it is now suggested that rather than simply focus on pain severity, you should monitor improvements in a wide range of outcomes and should be evaluated, including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. These items were not covered in the medical records, there also was no documentation of failed conservative treatments and it was noted that the employee was doing a home exercise program with no monitored effects on pain levels. Therefore the request is non-certified.

**Limbrel 500mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Limbrel (flavocoxid)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The website RX LIST.com.--LIMBREL

**Decision rationale:** The MTUS, ACOEM and Official Disability Guidelines do not cover this medication. At Rx.com it says "LIMBREL (flavocoxidâ¿) Capsules by Oral Administration. Dispensed by prescription. A specially formulated medical food product, consisting primarily of a proprietary blend of flavonoid (polyphenol) ingredients, for the clinical dietary management of the metabolic processes of osteoarthritis (OA). Must be administered under physician supervision. The medical documentation provided gave no objective reason for this medication and the MTUS, ACOEM and ODG do not cover this medication. Therefore the request is non-certified.