

Case Number:	CM13-0034935		
Date Assigned:	03/19/2014	Date of Injury:	08/14/2012
Decision Date:	08/05/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation 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 42-year-old female who reported an injury on 08/14/2012. The mechanism of injury was not provided for clinical review. The diagnoses included right shoulder impingement syndrome; right carpal tunnel syndrome; status post left carpal tunnel release; musculoligamentous strain; cervical spine; extreme morbid obesity; and low back pain. Previous treatment included medication, physical therapy, aquatic therapy, and surgery. Within the clinical note dated 01/07/2014, it was reported the injured worker complained of shoulder pain, as well as pain, numbness, and tingling in the right hand and wrist. The injured worker complained of low back pain. She described the pain as right-sided low back pain associated with muscle spasms. On the physical examination, the provider noted tenderness to palpation on the right side of the lower paravertebral musculature with active spasms. Forward flexion was at 60 degrees, and extension at 10 degrees. Forward flexion of the right shoulder was at 160 degrees, with a positive impingement sign. The provider noted decreased sensation to pinprick over the volar aspect of the thumb, index, and middle finger. Phalen's test was positive on the right hand and wrist. The provider requested for Zanaflex and Norco, and P4 topical compound. However, rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 2 MG , #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Zanaflex 2 mg #60 is not medically necessary. The injured worker complained of right shoulder pain; as well as pain, numbness, and tingling in the right hand and wrist. She complained of low back pain. She described her low back pain as right-sided low back pain with associated muscle spasms. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of significant objective findings indicating the injured worker was treated for muscle spasms. The injured worker had been utilizing the medication since at least 09/2013, which exceeds the guidelines' recommendations of 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the request submitted does not provide the frequency of the medication. Therefore, the request is not medically necessary.

NORCO 10/325 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The injured worker complained of right shoulder pain; as well as pain, numbness, and tingling in the right hand and wrist. She complained of low back pain. She described her low back pain as right-sided low back pain with associated muscle spasms. The California MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document and adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing the medication since at least 09/2013. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

P4 TOPICAL COMPOUND: 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 NSAIDs Page(s): 111-112.

Decision rationale: The request for P4 topical compound is not medically necessary. The injured worker complained of right shoulder pain; as well as pain, numbness, and tingling in the right hand and wrist. She complained of low back pain. She described her low back pain as right-sided low back pain with associated muscle spasms. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. P4 topical compound contains Lidocaine, menthol, and camphor. Topical Lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of a first-line therapy. Topical Lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation indicating the injured worker had tried and failed on first-line agents for management of neuropathic pain. There is a lack of documentation indicating the injured worker has signs and symptoms or was diagnosed with osteoarthritis. The injured worker has been utilizing the medication since at least 09/2013, which exceeds the guidelines' recommendation of short-term use for 4 to 12 weeks. The request submitted does not specify a treatment site. The request submitted fails to provide a frequency and quantity of the medication. There was a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. Therefore, the request for P4 topical compound is not medically necessary.