

Case Number:	CM13-0041185		
Date Assigned:	12/20/2013	Date of Injury:	09/04/2012
Decision Date:	04/03/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/11/2013

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 Geriatrics and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working least at 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 injured worker is a 45 year old woman with a date of injury of 9/4/12. She was seen in follow-up on 9/26/13 for her left shoulder and neck pain with muscle spasms, tightness and stiffness, headaches and radiation down her arms. She had completed physical therapy and was taking multiple medications including flexeril, tramadol, medrox, effexor, terocin an anti-inflammatories. Her physical exam showed tenderness along the cervical paraspinal muscles, shoulder girdle and trapezius muscles bilaterally. She had a positive impingement sign of the left shoulder, abduction/flexion to 160 degrees, internal rotation to 30 degrees, and external rotation to 60 degrees. Her diagnoses included impingement syndrome of the left shoulder with 'relatively benign MRI', cystic changes along left scapula, facet inflammation on the left with radiculitis and an element of sleep and depression. Medications requested that are at issue in this review are prilosec, flexeril, tramadol, lidopro, terocin and mirtazipine

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL SR 150MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: Tramadol Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or side effects to justify ongoing use. The tramadol is denied as not medically necessary

PRILOSEC 20MG, #60: Upheld

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

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

Decision rationale: This worker has chronic neck and shoulder pain. Her medical course has included use of several medications including naproxen. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

FLEXERIL 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 Page(s): 63-66.

Decision rationale: This injured worker has chronic neck and shoulder pain. Her medical course has included numerous treatment modalities including use of several medications including NSAIDs and muscle relaxants. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or side effects to justify ongoing use. The Cyclobenzaprine's medical necessity is not supported in the records.

TEROCIN PATCHES, #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56,57,11.

Decision rationale: Terocin includes topical lidocaine and menthol. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. This injured worker has chronic cervical and shoulder pain. She receives multiple medications for this pain and it is documented which medications are effective for her pain. The medical records do not support medical necessity for the prescription of terocin patches in this injured worker.

MIRTAZAPINE 15MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Mirtazipine is an antidepressant that is prescribed for this injured worker who is already taking venlafexine, an SNRI anti-depressant, which is used in the treatment of chronic neuropathic pain and depression. The records do not document the need for an alternative or additional anti-depressant and whether this is being prescribed for pain or depression or both. The medical necessity of mirtazipine is not substantiated.

LIDOPRO LOTION 4OZ, #1: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized 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 records do not provide clinical evidence to support medical necessity nor do they document efficacy of this medication.