MAXIMUS Federal Services

Case Number:	CM13-0044535		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2006
Decision Date:	05/22/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pain Management, has a subspecialty in Interventional Spine 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:

This case involves a 64 year-old female with a 7/31/06 industrial injury claim. She has been diagnosed with right shoulder impingement, post-op with chronic ongoing postoperative pain, and cervical degenerative disc disease. According to the 9/18/13 progress report from [redacted], the patient is seen for follow-up on medications. She reports Voltaren gel worked well for the shoulder and she wishes she could get more, but it was denied. She was switched from Soma to Flexeril. The plan was for Norco 10/325mg #120 with 3 refills, Flexeril 5mg 1-2 tabs, tid; and samples of Flector patches as an alternative to Voltaren Gel. On 10/25/13 UR modified the request for Norco to allow #120 without refills, and denied the Flexeril and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10'S QTY: 480.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 88-89.

Decision rationale: The patient presents with neck and right shoulder pain. The physician recommended Norco 10/325mg, without specifying the dose or frequency, but listed the total number of tablets as 120, which is about 4 tabs/day. He also requested 3 refills. Utilization Review (UR) allowed the #120, but denied the refills. Limited information is available regarding the efficacy of Norco. The 5/15/13 report from [redacted] states the patient is using Norco and Voltaren gel and suggests use of Flexeril. The next report from [redacted] is dated 9/18/13, but does not discuss efficacy of medications. The medical reports from [redacted] from 11/1/12 through 8/21/13 state he refills medications, but did not specify what medications were refilled or discuss efficacy. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response.

FLEXERIL 5MG QTY: 60.00: Overturned

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 (for pain) Page(s): 64-66.

Decision rationale: The patient presents with neck and right shoulder pain. The 9/18/13 report shows the physician changed the patient from Soma to Flexeril. The dosage was 5mg, 1-2 tablets, tid as needed for spasms. MTUS guidelines state Flexeril is not recommended for use over 3 weeks, but does recommend a short course of therapy. The prescription for Flexeril as written would be for 10-20 days. The request for use of Flexeril for 20 days is in accordance with MTUS guidelines.

FLECTOR PATCHES QTY: 30.00: 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: The patient presents with neck and right shoulder pain. Flector patches are a topical Non-Steroidal Anti-Inflammatory Drugs (NSAID). MTUS guidelines for topical NSAIDs has recommendations for knees, elbows and joints amenable to topical treatment, but specifically states: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." MTUS guidelines do not support the use of topical NSAIDs such as

diclofenac/Voltaren gel or Flector patches for spine or shoulders. The request to use Flector patches over the shoulder is not in accordance with the MTUS guidelines.