MAXIMUS Federal Services

Case Number:	CM13-0044768		
Date Assigned:	12/27/2013	Date of Injury:	06/21/2008
Decision Date:	02/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 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 36-year-old male who reported an injury on 06/21/2008. The patient was noted to have sustained an acute traction injury of the right arm and shoulder during the course of his employment. The patient has been diagnosed with traction injury of the right brachial plexus involving the ulnar and median nerves. The patient was noted to have had surgery on 02/12/2013 to decompress the right brachial plexus, the ulnar nerve, and median nerve. It was noted that the patient had continued to demonstrate improvement in regard to the strength and sensation of the right hand. However, the patient had continued to complain of pain in the right side of his neck related to muscle spasm of the trapezius muscle. It was noted that the muscle spasm had become more severe at night and compromise's the patient's ability to sleep. His medications were noted to include Percocet 10/325 mg every 6 hours as needed for pain, Soma 350 mg 4 times a day, and Ativan 2 mg at bedtime to help with his ability to sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch #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), Topical Analgesic, Flector Patch FlectorÂ® patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, FlectorÂ® patch (diclofenac epolamine).

Decision rationale: According to the California MTUS Guidelines, topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward, or with the diminishing effect over another 2 week period. Therefore, the use of topical NSAIDs is only recommended for short-term use from 4 to 12 weeks in the treatment of osteoarthritis and tendonitis in joints that are amenable to topical treatment such as a knee or elbow. Moreover, the guidelines state that topical NSAIDs are not recommended to treat neuropathic pain as there is no evidence to support its use. More specifically, the Official Disability Guidelines state that Flector patches may be recommended for osteoarthritis after the failure of an oral NSAID or contraindication to oral NSAIDs, after considering the increased risk profile with diclofenac. The clinical information submitted for review failed to provide detailed documentation regarding the patient's use of Flector patches. Therefore, it is unknown whether the patient failed an oral NSAID medication or had a contraindication to oral NSAIDs. Additionally, it is unknown whether the increased risk profile with diclofenac was discussed with the patient. Therefore, the request is non-certified.

Lorazepam 1mg #30 (modified: #15 tablets without refills for weaning purposes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Page(s): 24.

Decision rationale: According to the Official Disability Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines specify that most guidelines limit use to 4 weeks. Chronic benzodiazepines are noted to be the treatment of choice in very few conditions. Therefore, the request for the ongoing use of Lorazepam is not supported by guidelines. As such, the request is non-certified

Percocet 10/325mg #120 (modified: #60 without refills for weaning purposes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation regarding the patient's pain relief, functional status, appropriate medication use, and specifically address the 4 A's for ongoing monitoring while include analgesia, activities of daily living, adverse side effects, and

aberrant drug taking behaviors. The clinical information provided for review failed to provide a detailed pain outcome related to the patient's use of his opioid medication. Additionally, detailed information regarding the patient's side effects, any aberrant drug taking behaviors, or inappropriate medication use was not documented. In the absence of these details required by the guidelines for the ongoing management of opioid medications, the request is not supported. As such, the request is non-certified.

Soma 350mg #120 (modified: #60 without refills for weaning purposes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma)..

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

Decision rationale: The California MTUS Guidelines state that the use of Soma is not recommended as this medication is not indicated for long-term use. This medication is noted to be now scheduled in several states, but not a federal level and has been suggested that the main effect is due to generalized sedation and treatment of anxiety. The medication has noted to have been frequently abused for its sedative and relaxant effects. As this medication is not recommended by the California MTUS Guidelines, the continued use by the patient to treat muscle spasm is not supported. As such, the request is non-certified.