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| Case Number: | CM13-0044846 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/13/2013 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/18/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

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 has a subspecialty in and is licensed to practice in Oklahoma and Texas. 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 60-year-old female who reported an injury on 01/13/2013. The patient is diagnosed with cervical sprain, impingement syndrome of the left shoulder, depression with insomnia, and weight gain of 20 pounds. The patient was seen by [REDACTED] on 09/18/2013. The patient reported persistent pain, stiffness and tightness with activity limitation. Physical examination revealed exquisite tenderness along the cervical paraspinal muscles bilaterally; trigger points, positive impingement, Hawkins and Speed's testing, weakness, and tightness with spasm. Treatment recommendations included continuation of current medications including Tramadol ER, Naproxen, Terocin patch, LidoPro lotion, Flexeril, and Remeron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg Qty 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: Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations

in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain with stiffness, tightness, and activity limitation. The patient's physical examination continues to reveal muscle tightness, palpable spasm, and multiple trigger points. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Tramadol Extended Release 150mg Qty 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): 74-82.

Decision rationale: Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain, stiffness, and tightness with activity limitation. There is no change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

Naproxen 550mg Qty 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): 67-72.

Decision rationale: Chronic Pain Medical Treatment Guidelines state NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain, stiffness, and tightness with activity limitation. Satisfactory response to treatment has not been indicated. Additionally, guidelines state there is no evidence of long-term effectiveness for pain or function. Based on the clinical information received, the request is non-certified.

Terocin Patch Qty 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): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The patient has continuously utilized topical medication. Despite ongoing use, the patient continues to report persistent pain, stiffness, tightness, and activity limitation. Based on the clinical information received and the Chronic Pain Medical Treatment Guidelines, the request is non-certified.

Lido Pro Lotion 4oz. Qty 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: Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The patient has continuously utilized topical medication. Despite ongoing use, the patient continues to report persistent pain, stiffness, tightness, and activity limitation. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Flexerial 7.5mg (retrospective dispensed 10/4/13) Qty 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: Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain with stiffness, tightness, and activity limitation. The patient's physical examination continues to reveal muscle tightness, palpable spasm, and multiple trigger points. As guidelines do not

recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Tramadol Extended Released 150mg (retrospective dispensed 10/4/13) Qty 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): 74-82.

Decision rationale: Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain, stiffness, and tightness with activity limitation. There is no change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified