

Case Number:	CM13-0048520		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2001
Decision Date:	02/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 Internal Medicine, 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 61-year-old female with date of injury June 25, 2001. The patient reports neck pain radiating to the upper back and head. Her neck pain is radiating to the shoulders and arms. The patient has swelling on the right clavicle. She also reports pain and cramping on both forearms and numbness and tingling of left forearm, bilateral wrists, and hands. She has been seen recently on November 14, 2013 by [REDACTED] and he has given diagnoses of cervical spine fusion in August 2001 and July 2002, chronic left C6-C7 radiculopathy, bilateral shoulder impingement, left shoulder tendinitis, and left shoulder prior arthroscopy in 1996. Under consideration is a request by [REDACTED] for Flexeril 10 mg #90, Vicodin 7.5 mg #60, and Flector patch 1.3% #60. The issue is it appears that those medications were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: Flexeril is recommended only as an option using short-term course of therapy. The effect is modest and comes at the price of greater adverse side effects. The effect is greatest in the first four days of treatment suggesting that short action might be better. Treatment should be brief. It is cited on the MTUS chronic pain treatment, page 41. For that reason, 90 pills are denied and I agree with the assessment.

Vicodin 7.5mg #60: Upheld

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

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

Decision rationale: There are no FDA approved hydrocodone products for pain unless formulated in combination. These are indicated for short course less than two weeks. Guidelines are as per MTUS. For that reason I agree with prior assessment.

Flector patch 1.3% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Diclofenac is a non-steroidal anti-inflammatory steroids patch. Its efficacy in the clinical trial for the treatments has been inconsistent. For most studies a small and short duration topical non-steroidal has been shown in the mental analysis to be superior to placebo only during the first two weeks of treatment for osteoarthritis, but they are not at work or with diminution effect over a noted two weeks period. This medication might be useful for chronic musculoskeletal pain. There are no long term studies of their effectiveness. Therefore, it is not recommended as there is no evidence to support FDA approved agents such as Voltaren Gel or Flector patch.