

Case Number:	CM13-0051976		
Date Assigned:	12/27/2013	Date of Injury:	08/18/2008
Decision Date:	03/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/15/2013

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 Neurology, 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 64 year old woman who sustained a work-related injury on August 18, 2008. She subsequently developed chronic neck pain with spasm, headaches and right shoulder pain. She underwent an arthroscopy right shoulder on April 4, 2013. According to the report dated on September 25, 2013, and the patient was complaining of right shoulder pain, numbness and tingling, limited right shoulder motion. She also has weakness with holding objects. Physical examination demonstrated tenderness along rotator cuff and biceps tendon. She has positive provocative tests and tenderness over the cervical paraspinal muscles. The provider requested authorization to use the medications listed below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 179.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Norco is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. The

MTUS Chronic Pain Guidelines state that the ongoing use of opioids should follow specific rules, "The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no objective documentation of pain severity level to justify the use of narcotics in this patient. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There no clear documentation of the efficacy/safety of previous use of Norco. There is no recent evidence of objective monitoring of compliance of the patient with his medications. The provider requested the use of tramadol in combination with Norco. There is no clear justification for the need to continue the use of Norco in combination with tramadol. Therefore, the request is not medically necessary and appropriate.

Prospective usage of Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Carisoprodol Page(s): 29.

Decision rationale: According to the MTUS Chronic Pain Guidelines, non sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Although the patient was previously documented to have a muscle spasm, there is no justification of prolonged use of Soma. The request for Soma is not medically necessary and appropriate.

Prospective usage of Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Gabapentin Page(s): 49.

Decision rationale: According to the MTUS Chronic Pain Guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." There is no clear evidence in the medical records provided for review that the patient's pain is predominantly neuropathic. In addition, there is no clear evidence that Gabapentin is effective in the treatment for chronic neck and back pain. There are no controlled studies supporting the use of Gabapentin for the treatment

of chronic back pain. Therefore, the request for Gabapentin is not medically necessary and appropriate.

Prospective usage of Naproxen Sodium: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Naproxen Page(s): 66.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Naproxen is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. The patient may benefit from a short trial of naproxen to establish its efficacy for the patient shoulder and neck pain. However, there is no clear plan of treatment to use the medication at its lowest dose and shortest period of time. A 2 months supply of naproxen is not justified unless there is objective documentation of efficacy and safety of a short trial. Based on the above, prescription of Naproxen is not medically necessary and appropriate

Prospective usage of Tramadol: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS Guidelines, the ongoing use of opioids should follow specific rules, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear evidence of objective and recent functional and pain improvement from previous use of narcotics in the medical records provided for review. There is no objective documentation of pain severity level to justify the use of narcotics in this patient. There no clear documentation of the efficacy/safety of previous use of opioids. There is no recent evidence of objective monitoring of compliance of the patient with his medications. The provider requested the use of tramadol in combination with Norco. There is no clear justification for the need to continue the use of Norco in combination with tramadol. Therefore, the request is not medically necessary and appropriate.

Prospective usage of Terocin: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin which is a topical analgesic not recommended by the MTUS Guidelines. It also contains Lidocaine and there is no clear justification for the use of another topical analgesic that contains lidocaine (LidoPro). In addition, there is no clear documentation of safety and efficacy of the use of Terocin. Based on the above the request is not medically necessary and appropriate.

Prospective usage of LidoPro Lotion: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin, which is a topical analgesic not recommended by the MTUS Chronic Pain Guidelines. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Also, there is no justification for the need of 2 topical analgesics containing lidocaines (LidoPro, Terocin). Based on the above the request is not medically necessary and appropriate.