

Case Number:	CM13-0053011		
Date Assigned:	12/30/2013	Date of Injury:	11/27/2000
Decision Date:	06/20/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation, 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:

The patient is a 53 year old female with date of injury 11/27/00. The treating physician report dated 10/10/13 indicates that the patient presents with pain affecting the neck, bilateral shoulders and headaches. The pain is rated a 6/10 with medications and increases to a 10/10 without medication. The current diagnoses are: 1.Cervical radiculopathy s/p cervical fusion and multiple revisions 2.Neck pain 3.Right shoulder sprain and strain s/p surgery 4.Cephalgia 5.Chronic pain syndrome The utilization review report dated 10/22/13 denied the request for Norco 10/325 #200, Metaxalone 800mg #120, Ketoflex ointment and Cidaflex based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #200: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: The patient presents with chronic neck pain, bilateral shoulder pain and headaches. The current request is for Norco 10/325mg #200. The treating physician report dated 10/10/13 states, "She states that she is doing well and has started to do some volunteer work with horses and rescue animals. She is very happy and excited to be doing this. Although she was sore from the exertion, she states that this medication protocol is working very well for her. The patient's pain level today is 6/10, with medications it is 6/10 and without medications it is 10/10. The pain has averaged 4/10 over the preceding one week." The MTUS Guidelines recommend Norco for moderate to moderately severe pain. MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case the treating physician has documented improved pain and function with medications. The treater has also requested a urine drug screening to assess medication compliance and identify possible drug aversion. There is no adverse behavior reported in the 10/10/13 report. The lab report dated 10/10/13 shows consistent results of Norco usage. There is also inconsistent identification of THC, Carisoprodol and Setraline. The 10/10/13 lab report is consistent with the prior lab on 9/19/13. The treating physician has documented that the current medication regimen is allowing improved ADLs and pain reduction. Recommendation is for authorization.

METAXALONE 800MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with chronic neck pain, bilateral shoulder pain and headaches S/P cervical spine surgery x 6. The current request is for Metaxalone 800mg #120. The 10/10/13 treating physician report indicates that the patient has moderate improvement in pain reduction and improved ability to perform physical ADLs with the current medication regimen. The MTUS Guidelines regarding muscle relaxants, state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Metaxalone (Skelaxin®, generic available) is reported to be a relatively non-sedating muscle relaxant." The patient has been on Metaxalone since at least 8/9/13 which is beyond the guideline recommendations. Recommendation is for denial.

KETOFLEX OINTMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines The MTUS has the following regarding topical creams Topical Analgesics, page 111.

Decision rationale: The patient presents with chronic neck pain, bilateral shoulder pain and headaches S/P cervical spine surgery x 6. The current request is for Ketoflex ointment. The current request is a compounded topical analgesic containing Ketoprofen. The MTUS guidelines on page 111, under topical analgesics, gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states Ketoprofen is not FDA approved for topical applications. Therefore any compounded product that contains Ketoprofen is not recommended. Recommendation is for denial.

CIDAFLEX #90: 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 Chronic Pain Medical Treatment Guidelines Glucosamine: Glucosamine (and Chondroitin Sulfate).

Decision rationale: The patient presents with chronic neck pain, bilateral shoulder pain and headaches S/P cervical spine surgery x 6. The current request is for Cidaflex #90. Cidaflex is a compound containing Glucosamine HCl 500mg and Chondroitin Sulfate 400mg. The MTUS Guidelines page 50 states, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The benefit from this medication appears to be limited to knee conditions and ODG guidelines recommend it for arthritic knee condition only. This patient does not present with knee condition and recommendation is for denial.