

Case Number:	CM13-0053150		
Date Assigned:	12/30/2013	Date of Injury:	12/26/2001
Decision Date:	03/18/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational 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 55 year old female who sustained injury on 12/26/2001. A specific mechanism of injury has not been described. Prior treatment history has included MRI of the cervical spine w/o contrast dated 12/05/2012 showed diffuse disc bulge measuring 2-3 mm at C3-4, C4-5 disc levels with narrowing of the neutral foramina bilaterally. There is degenerative disc disease at C5-6 and C6-7 disc levels and degenerative changes of the cervical spine. The medications prescribed included Vicodin, Valium, Fioricet, Voltaren-XR, Flurbiprofen compound topical medication and cyclobenzaprine-Tramadol compound topical medication. There were no surgical reports submitted for review. Diagnostic studies performed include: Urine Toxicology Review on 10/17/2013. The following substances were detected: acetaminophen, butalbital, nor diazepam, oxazepam, Temazepam, and hydromorphone. A clinical note dated 11/25/2013 indicated the patient continues to experience constant and severe pain for the cervical spine. She noted severe pain at the base of her skull and pain extending across her shoulders and into her chest. Objective findings: Flexion and extension of the cervical spine is 10 degrees. Tenderness and spasm are palpable over the paravertebral and trapezial musculature. Flexion and abduction of shoulders bilaterally measures 60 degrees. There is tenderness over the trapezial musculature and anterior aspect of the shoulders. Neurological examination of the upper extremities revealed normal for motor and reflex. Decreased sensation is noted to both hands. Diagnosis includes cervical spine spondylosis status post multiple surgical procedures, cervical spine 721.0, biceps tendinitis, bilateral shoulders 726.19 and subacromial impingement syndrome bilateral shoulders, 726.19. Treatment plan included continuation of medications, including Vicodin, Fioricet, Valium, Voltaren, and Flurbiprofen topical compound medication as well as cyclobenzaprine-Tramadol topical compound medication, and to continue to use contrast treatments of alternating heat and ice.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500 mg tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Criteria for Use of Opioids Page(s): 76-92.

Decision rationale: As per CA MTUS guidelines, the continued use of opioids is indicated if the patient has returned to work and patient has improved functioning and pain. There is no documentation that supports subjective or objective functional improvement with the use of this medication. In fact, it is consistently documented that the patient reports no significant change in her condition. Also guidelines indicate slow tapering/weaning due to risk of withdrawal symptoms. Therefore, the request for Vicodin 5/500 mg tab #60 is non-certified.

Valium 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: As per CA MTUS chronic pain guidelines, the long-term use of benzodiazepines is not recommended because of unproven efficacy and risk of dependence. This patient has been prescribed this medication for at least 1 year and most guidelines limit the use to 4 weeks. Thus, the request for Valium 10 mg #60 is non-certified.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Criteria for Use of Opioids Page(s): 76-82.

Decision rationale: As per CA MTUS guidelines, the continued use of opioids is indicated if the patient has returned to work and patient has improved functioning and pain. There is no documentation that supports subjective or objective functional improvement with the use of this medication. In fact, it is consistently documented that the patient reports no significant change in her condition. Also guidelines indicate slow tapering/weaning due to risk of withdrawal symptoms. Therefore, the request for Norco 10/3250 mg #60 is non-certified.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As per CA MTUS chronic pain guidelines, Prilosec (omeprazole) is a proton pump inhibitor that is used to treat GI upset. There is no documentation that the patient is having GI symptoms. Also, the patient has been taking this medication for prolonged time and guidelines indicate that long-term use has been shown to increase the risk of hip fracture. Thus, the request for Prilosec 20 mg, #60 is non-certified.

Fioricet #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: As per the CA MTUS chronic pain guidelines, it is not recommended for chronic pain due to potential drug dependence due to the barbiturate constituents. There is insufficient evidence regarding its efficacy. Thus, the request for Fioricet #60 is non-certified.

30 gm Flurbiprofen 25% 120 gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: As per the CA MTUS chronic pain guidelines, the use of topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further guidelines indicate that many agents such as NSAIDs, opioids, capsaicin, and antidepressants have little to no research to support the use of these agents. Additionally, any compounded product that contains at least one drug (or drug class) that is not recommended. Thus, the request is non-certified.

30 gm Cyclobenzaprine 10% 120 gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: As per the CA MTUS chronic pain guidelines, there is no evidence for use of any other muscle relaxant as a topical product. Thus, the request for cyclobenzaprine 10% 120 gm tube is non-certified.

Tramadol 10% 120 gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: As per the CA MTUS chronic pain guidelines, the use of topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further guidelines indicate that many agents such as NSAIDs, opioids, capsaicin, and antidepressants have little to no research to support the use of these agents. Additionally, any compounded product that contains at least one drug (or drug class) that is not recommended. Thus, the request is non-certified.