

Case Number:	CM13-0070144		
Date Assigned:	01/03/2014	Date of Injury:	10/27/2002
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 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 67-year-old male who has filed a claim for neck, shoulder, and elbow sprain associated with an industrial injury date of October 27, 2002. The review of progress notes showed pain, numbness, and tingling of the left shoulder and left upper extremity. Findings include tenderness and decreased range of motion of the left shoulder, and positive Tinel's sign at the wrist and elbow. Patient also experiences symptoms of major depression. Cervical MRI, dated March 28, 2013, showed multilevel disc desiccation and mild marginal spurring, C3-4 moderate right foraminal narrowing, and C4-5 high-grade bilateral foraminal narrowing. EMG/NCS from December 26, 2012 showed bilateral mild carpal tunnel syndrome, bilateral ulnar sensory neuropathy at the Guyon's canal region, and chronic abnormalities involving the bilateral sixth and seventh cervical nerve roots, left greater than the right. The treatment to date has included NSAIDs, omeprazole, opioids, wrist splinting, physical therapy, Cymbalta, and Trazodone. The patient has had surgeries to both shoulders. Utilization review from December 09, 2013 denied the request for Flexeril as it is not supported for long-term use, and reasons are not provided for use at this time; Protonix as there is no documentation regarding risk for gastrointestinal events; Voltaren XR as guidelines for use are not met; Norco as there is no rationale for use, and past efficacy is not known; and Terocin lotion as there is no documentation of oral neuropathic agent use and there is no support for its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (For Pain), Page 63.

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

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Documentation does not indicate whether this patient has taken this medication, or when this medication was started in this patient. The patient does not present with acute exacerbation of pain or with muscle spasms to support the use of this medication. Therefore, the request for Flexeril 7.5mg #90 was not medically necessary per the guideline recommendations of CA MTUS.

PROTONIX 20 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. The risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on omeprazole since at least March 2013. Documentation does not indicate any gastrointestinal risk factors or any adverse gastrointestinal symptoms in this patient. Therefore, the request for Protonix 20mg #120 was not medically necessary per the guideline recommendations of CA MTUS.

VOLAREN XR 100 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Guidelines, NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Page(s): 67-69.

Decision rationale: As stated on Pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain

or function. Patient has been on this medication since at least March 2013, but latest progress notes do not list the patient's current medications. Recent notes do not indicate any symptomatic or functional improvements derived from use of this medication. Long-term efficacy has not been demonstrated with this medication and thus continuation of this medication is not supported. Therefore, the request for Voltaren XR 100mg # 20 was not medically necessary per the guideline recommendations of CA MTUS.

NORCO 5/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Guidelines, Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on Pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on Percocet since July 2013; there is no documentation regarding use of this medication. There is no documentation regarding ongoing opioid use, periodic urine drug screens, or objective functional benefits derived from opioids to support continued use of opioid medication. Therefore, the request for Norco 5/325mg #60 was not medically necessary per the guideline recommendations of CA MTUS.

TEROCIN LOTION 120 ML QTY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 2009, Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Page(s): 28,105,111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. California MTUS Chronic Pain Medical Treatment Guidelines page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin,

may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topical are significantly better than placebo in chronic pain. This compounded medication contains components that are not suitable for topical application. There is also no documentation regarding failure of or intolerance to first-line medications. Therefore, the request for Terocin lotion was not medically necessary per the guideline recommendations of CA MTUS and ODG.