

Case Number:	CM14-0002514		
Date Assigned:	01/24/2014	Date of Injury:	06/15/2012
Decision Date:	06/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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 has a subspecialty in Pulmonary Diseases 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 injured worker is a 58 year old female who reported an injury on 06/15/2012 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/31/2013 and reported persistent neck, back, and bilateral shoulder, elbow, forearm, wrist, and hand pain of unknown severity. On physical examination, she was noted to have spasm and tenderness in the paraspinal muscles of the cervical spine and a positive Spurling's maneuver. She was also noted to exhibit 120 degrees of abduction and flexion of the right shoulder with positive Neer's, Hawkins', and Impingement signs. She was diagnosed with cervical strain, C5-6 disc bulge, cervical spondylosis, right shoulder partial rotator cuff tear, left shoulder impingement syndrome, and lumbar strain. A request for authorization was submitted on 12/31/2013 for hydrocodone/apap (Norco) 10/325, Tramadol 50mg, Fluriflex 180gm (Flurbiprofen 15%/Cyclobenzaprine 10%), and TGICE (Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%).

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP (NORCO) 10/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. The injured worker reported neck, back, shoulder, and bilateral upper extremity pain of unknown severity at the time of the request. She was noted to have used Norco for a "prolonged period of time" according to the most recent clinical note. There is a lack of documentation to indicate quantifiable pain relief and functional improvement with the injured worker's use of this medication. The documentation also lacks a urine drug screen to monitor for potentially aberrant drug-related behavior. Therefore, there is insufficient evidence in the information provided to indicate that criteria for continued opioid use have been met. As such, the request for Hydrocodone/Apap (Norco) 10/325 #60 is not medically necessary.

TRAMADOL 50MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: Tramadol is a synthetic opioid. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. The injured worker was prescribed Tramadol on 10/22/2013. There is a lack of documentation to indicate quantifiable pain relief and functional improvement with the injured worker's use of this medication. The documentation also lacks a urine drug screen to monitor for potentially aberrant drug-related behavior. Therefore, there is insufficient evidence in the information provided to indicate that criteria for continued opioid use have been met. Furthermore, evidence-based guidelines recommend opioids for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There is insufficient evidence to indicate that the injured worker has failed treatment with first-line medications. As such, the request for Tramadol 50mg, #90 is not medically necessary.

FLURIFLEX 180GM (FLUBIPROFEN 15% / CYCLOBENZAPRINE 10%): Upheld

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

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

Decision rationale: California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Flurbiprofen is an NSAID. The injured worker reported neck, back, shoulder, and bilateral upper extremity pain of unknown severity at the time of the request. The guidelines state that there is little evidence to utilize topical NSAIDs for treatment of the spine or shoulder. Cyclobenzaprine

is a muscle relaxant. The guidelines do not currently support the use of any muscle relaxant as a topical product. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound contains at least one drug that is not recommended. As such, the request for Fluriflex 180gm (Flurbiprofen 15%/Cyclobenzaprine 10%) is not medically necessary.

TGICE (TRAMADOL 8%/ GABAPENTIN 10%/ MENTHOL 2%/ CAMPHOR 2%):

Upheld

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

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

Decision rationale: California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin as a topical formulation is not recommended by the guidelines as there is no peer-reviewed literature to support use. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended. The requested compound contains at least one drug that is not recommended. As such, the request for TGICE (Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%) is not medically necessary.