

Case Number:	CM14-0007672		
Date Assigned:	02/10/2014	Date of Injury:	03/12/2001
Decision Date:	08/05/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/21/2014

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 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 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 56-year-old who has filed a claim for left rotator cuff syndrome associated with an industrial injury date of March 12, 2001. Review of progress notes indicates low back pain radiating to both lower extremities, and left shoulder pain. Findings include decreased range of motion of the left shoulder and lumbar spine, and tenderness over the left shoulder and lumbar paraspinals. Treatment to date has included opioids, muscle relaxants, gabapentin, sedatives, TENS (transcutaneous electrical nerve stimulation), physical therapy, acupuncture, compounded topical medications, and left shoulder arthroscopic surgery. Utilization review from December 27, 2013 denied the requests for hydrocodone as there is no documentation of appropriate response to treatment; cyclobenzaprine-tramadol as compounded topical products are not recommended; flurbiprofen topical medication as topical NSAIDs (non-steroidal anti-inflammatory drugs) are not supported for pain in the shoulder or spine; and urine drug screen as patient is not utilizing opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Hydrocodone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted in the 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. Therefore, the request for hydrocodone was not medically necessary. Patient has been on this medication since at least December 2012. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. The requested quantity and dosage are not specified. Therefore, the request for one prescription of Hydrocodone is not medically necessary or appropriate.

One prescription of Cyclobenzaprine/Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management pages Page(s): 41-42; 78-82.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of cyclobenzaprine or tramadol as a topical product. There is no documentation of intolerance to or failure of recommended oral pain medications. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for one prescription of Cyclobenzaprine/Tramadol is not medically necessary or appropriate.

One prescription of Flurbiprofen topical medication: 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: As noted in the Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of flurbiprofen in compounded products. Topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two week period. Topical NSAIDs are indicated for osteoarthritis and tendinitis of the knee and elbow, or other joints amenable to topical treatment. There is little evidence for the spine, hip, or shoulder. In this case, the patient presents with left shoulder and lumbar spinal pain, for which topical NSAIDs are not recommended. Therefore, the request for one prescription of Flurbiprofen topical medication is not medically necessary or appropriate.

One urine drug test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. This patient had a urine drug screen in November 2013 that detected acetaminophen and hydrocodone, which are prescribed medications. There is no documentation regarding aberrant drug seeking/use behaviors, and patient has not been certified for continued use of opioid medications. Therefore, the request for one urine drug test is not medically necessary or appropriate.