

Case Number:	CM14-0016033		
Date Assigned:	06/11/2014	Date of Injury:	06/18/1998
Decision Date:	08/18/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/07/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58-year-old woman who sustained a work-related injury on June 18, 1998. Subsequently, she developed back, neck, and left shoulder pain. The patient underwent previous surgery for a rotator cuff tear. A series of reports from the doctor dated from January 25, 2013 through October 21, 2013 reported no significant change in condition. The patient was taking Valium and Norco and using Terocin lotion and ointment. The patient reported severe pain and spasm in the neck and pain in bilateral shoulders, right side greater than left. The patient did report continued back pain, numbness, and tingling over the bilateral hands and pain rating the bilateral upper and lower extremity. Her cervical and lumbar motion having only 10 degrees of flexion and extension on every visit. However, on some visits, shoulder motion is described as being full and on others limited. All areas are said to be tender. Neurologic examination reported positive findings in upper extremities and negative in lower extremities. A magnetic resonance imaging (MRI) showed post-surgical changes and a recurrent tear without retraction. The progress report dated December 30, 2013, stated the patient complaining of pain in the left shoulder. On examination, the patient had reported tenderness spasm in the cervical and lumbar spine, bilateral knees and the right shoulder with limited range of motion. On neurological examination, the patient had reduced sensation in the right thumb, hand, and index finger. The patient as diagnosed with cervical and lumbar spondylosis, as well as right rotator cuff tear and bilateral knee osteoarthritis. A review dated August 12, 2013 modified the Norco for the purpose of weaning. A review dated November 11, 2013 indicated non-certification of Norco, Soma, and flurbiprofen/ capsaicin compounding cream. The provider requested authorization for Norco, Soma, and combined Flurbiprofen 25% Menthol 10% Camphor 3%.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG 1-2 TABS Q4-6 HOURS #60 WITH FOUR REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the four A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg is not medically necessary.

SOMA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA Page(s): 29.

Decision rationale: According to MTUS guidelines, Soma is not recommended for long-term use. It is prescribed for muscle relaxation. In this case, the patient has ongoing pain and spasms on the cervical spine without any documentation of the efficacy previous use of Soma. The long-term use of muscle relaxant is not recommended. Therefore, Soma is not medically necessary.

FLURBIPROFEN 25% - MENTHOL 10% - CAMPHOR 3% - CAPSAICIN 0.00375% 120 GM TUBE: Upheld

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

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

Decision rationale: The requested topical analgesic is formed by the combination of Flurbiprofen 25% Menthol 10% Camphor 3%. According to MTUS, in Chronic Pain Medical Treatment Guidelines, section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for this topical analgesic is not medically necessary.