

Case Number:	CM14-0019722		
Date Assigned:	04/28/2014	Date of Injury:	02/06/2013
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/18/2014

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 Neurosurgery 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 36 year old male who sustained an injury on 02/06/13 while hoisting himself up into a truck twisting his low back developing complaints of low back pain. It appears that there were pre-injury assessments for continuing low back pain due to stenosis. The injured worker did not wish to have surgery. In review of the provided urinary toxicology screens, there were negative findings for any controlled substances including Benzodiazepines as well as narcotic medications. The injured worker continued to describe chronic pain in the left shoulder as well as the low back with associated numbness in the bilateral thighs ranging 8/10 on the VAS. The injured worker did report that medications provided a certain amount of benefit. The injured worker was seen by [REDACTED] on 02/19/14. Medications at this visit included Ultram 100mg daily, Flexeril 7.5mg twice daily, Gabapentin 300mg 3 times a day, Ibuprofen 800mg 3 times daily, Protonix 20mg twice daily, and a topical antiinflammatory containing Flurbiprofen. On physical examination, there was mild crepitus noted in the left shoulder with range of motion testing. There was tenderness over the acromioclavicular joint. Decreased range of motion in the lumbar spine was present with muscle spasms and no tenderness. No evidence of neurological deficit was seen. Follow up with [REDACTED] on 04/04/14 reported continuing symptoms in the left shoulder and low back with pain 9/10 on the Visual Analogue Scale (VAS). The injured worker described difficulty with sleeping due to pain. At this evaluation, Norco had been added 2.5mg 1-2 tablets daily as needed for pain. Physical examination findings were relatively unchanged. There were considerations for further epidural steroid injections as well as updated MRI studies for the right shoulder. A utilization review report from 02/14/14 certified the use of Gabapentin but non-certified Norco, Flexeril, and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NORCO 2.5/325MG, 1-2 TABS PO QDAY PRN #60 (DOS:1/10/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the retrospective Norco 2.5/325mg, 1-2 tablets daily as needed, quantity 60 prescribed on 01/10/14, this reviewer would have recommended this medication as medically necessary based on the clinical documentation submitted as well as current evidence based guidelines. The clinical documentation submitted for review indicated that the patient was having increased pain and difficulty sleeping due to chronic pain. Norco was added at a very small initial dose for pain control. Prior to this medication being added on 01/10/14, the patient's toxicology screens were negative for any narcotic medications. As norco has not been utilized long term and given the increasing pain and difficulty with sleep, the initiation of Norco on 01/10/14 was medically appropriate per guidelines.

RETROSPECTIVE REQUEST FOR FLEXERIL 7.5MG DOS:1/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-67.

Decision rationale: In regards to the retrospective use of Flexeril 7.5mg on 01/10/14, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. There was insufficient rationale as of 01/10/14 to support the ongoing use of this medication as medically necessary.

RETROSPECTIVE REQUEST FOR FLEXERIL 7.5MG DOS:1/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-67.

Decision rationale: In regards to the retrospective use of Flexeril 7.5mg on 01/27/14, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. There was insufficient rationale as of 01/27/14 to support the ongoing use of this medication as medically necessary.

RETROSPECTIVE REQUEST FOR MENTHODERM CREAM 120ML #2 DOS:1/10/14:
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): 111-113.

Decision rationale: In regards to the retrospective use of menthoder cream 120ml with 2 refills, this reviewer would not have recommended this topical medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. This type of topical medication is readily available as an over-the-counter pain relief agent. There is no rationale as of 01/10/14 to support the use of this medication. There is no documentation to support that the injured worker cannot tolerate or was unable to take oral medications. As such, this reviewer would not have recommended this medication as medically necessary.

RETROSPECTIVE REQUEST FOR COMPOUNDED FLURBIPROFEN 20% / LIDOCAINE 2% CREAM 30GRAMS DOS:1/10/14: 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): 111-113.

Decision rationale: In regards to the retrospective use of a compounded medication that includes Flurbiprofen and lidocaine 30 grams, this reviewer would not have recommended this topical medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen which is not approved for transdermal use. The clinical documentation provided did

not indicate that there were any substantial side effects with the oral version of the requested medication components. Furthermore, there was no rationale regarding the use of multiple NSAID medications. Therefore, this compound was not supported as medically necessary.

RETROSPECTIVE REQUEST FOR COMPOUNDED FLURBIPROFEN 20% / LIDOCAINE 2% CREAM 150GM PRESCRIBED 1/10/14: 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): 111-113.

Decision rationale: In regards to the retrospective use of a compounded medication that includes Flurbiprofen and lidocaine 30 grams, this reviewer would not have recommended this topical medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen which is not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. Furthermore, there was no rationale regarding the use of multiple NSAID medications. Therefore, this compound was not supported as medically necessary.