

Case Number:	CM14-0112272		
Date Assigned:	08/13/2014	Date of Injury:	12/06/2012
Decision Date:	10/08/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old female who has submitted a claim for rotator cuff syndrome associated with an industrial injury date of December 6, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of ongoing pain in the left shoulder, right shoulder and right hip. Pain levels are reportedly at 2 to 4/10, slowly improving particularly at her left shoulder. Examination revealed spasms in the left trapezius and deltoid regions, mildly restricted ROM of both shoulders, tenderness over the right acromioclavicular joint and positive impingement test on the right side. Treatment to date has included medications, topical creams, chiropractic physiotherapy sessions and surgery. Utilization review from July 11, 2014 denied the request for 90 Norco 10/325 mg, 90 Cyclobenzaprine 7.5mg and Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in base 210 grams between 5/8/2014 and 8/22/2014. The reasons for denial were not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Norco 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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 nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Norco for pain since at least January 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction (based on pain scores) and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for 90 Norco 10/325 mg is not medically necessary.

90 Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. In this case, the progress notes mentioned that the patient had been using cyclobenzaprine for more than 2-3 weeks (since at least March 21, 2014), which is the guideline recommended limit. There is no rationale provided to justify continued use beyond guideline recommendations. Therefore, the request for 90 Cyclobenzaprine 7.5mg is not medically necessary.

Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in base 210 grams between 5/8/2014 and 8/22/2014: 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: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. The guidelines provide no evidence-based recommendations regarding the use of topical dextromethorphan. CA MTUS does not support the use of gabapentin in a topical formulation. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, the compound prescribed to the patient contained Dextromethorphan, gabapentin, and amitriptyline that are not recommended for topical use. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in base 210 grams between 5/8/2014 and 8/22/2014 is not medically necessary.