

Case Number:	CM14-0127818		
Date Assigned:	08/15/2014	Date of Injury:	06/05/2008
Decision Date:	09/18/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female with a reported injury on 06/05/2008. The mechanism of injury was not provided. The injured worker's diagnoses consisted of status post cervical spine or discectomy and fusion, status post right wrist carpal tunnel release, cervical disc disease with radiculitis, cervical disc syndrome, right wrist carpal tunnel syndrome, left hand ganglion cyst tendon sheath, insomnia, weight gain and hernia. There was not a list of previous treatments and their efficacy to include physical therapy and exercise and the use of NSAIDs. The injured worker had an examination on 04/20/2014 with complaints of the neck pain rated at a 7/10 to 8/10, right wrist pain rated as a 7/10 to 8/10 and left wrist pain rated as 6/10 to 8/10. The range of motion of the cervical spine did show some deficits and was limited due to pain. Range of motion of her wrists was also limited bilaterally. The Phalen's test was positive bilaterally and her Tinel's sign was positive bilaterally. The medication list included Norco, Prilosec, Flexeril and topical analgesic creams. The recommended plan of treatment was for her to renew her medications. The Request for Authorization was signed and dated for 03/30/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The California MTUS Guidelines recommend for ongoing monitoring of opioids for there to be documentation of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug related behaviors. It is also recommended that consideration of a consultation with a multidisciplinary pain clinic if doses of opiates are required beyond what is usually required for the condition or that pain does not improve on opioids in 3 months. There was a lack of documentation of the efficacy of this medication. The VAS pain score, as far as efficacy was not provided. The side effects were not assessed. There was a lack of physical and psychosocial functioning deficits and/or improvement. The urine drug screen test was done on 07/22/2013 and was consistent with the medications. The injured worker had been on this medication at since 07/2013 and there is no evidence that there was a consultation with a multidisciplinary pain clinic. There is no evidence as to the need of this medication beyond the 3 months. There is a lack of evidence to support the number of 60 pills without further evaluation and assessment. Furthermore, the directions were not provided as far as frequency and duration. The clinical information fails to meet the evidence based guidelines for this request. Therefore, the request for Norco 10mg/325 #60 is not medically necessary.

Prilosec 20mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in workers compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend the use of a PPI (Proton Pump Inhibitors) for the determination if the injured worker is at risk for gastrointestinal events, such as over the age of 65, history of peptic ulcer, GI bleed or perforation, concurrent use of aspirin, corticosteroids and/or anticoagulants or a high dose or multiple doses of NSAIDs. The injured worker is not over the age of 65. There is no history of peptic ulcer, GI bleed or perforation. There is a lack of evidence of concurrent uses of aspirin, corticosteroid and/or anticoagulants. There is no evidence of high doses or multiple doses of NSAIDs. The injured worker did not have any complaints of any gastrointestinal events such as nausea, vomiting, diarrhea or constipation. There is a lack of evidence to support the need of 40 pills of this medication without further evaluation and assessment. Furthermore, the request does not specify a frequency and duration of this medication. Therefore, the clinical information fails to meet the evidence based guidelines for this request. Therefore, the request for the Prilosec 20 mg #40 is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in workers compensation Pain procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Flexeril 10 mg #30 is non-certified. The California MTUS Guidelines recommend Flexeril for a short course of therapy. There is limited mixed evidence that does not allow for recommendation for chronic use. Flexeril is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. The dosing of the Flexeril is usually 5 mg 3 times a day that can be increased to 10 mg 3 times a day. This medication is not recommended to be used for longer than 2 to 3 weeks. This medication has been used at least since 07/2013. There has been no evidence of weaning or trial of another medication of this class. The efficacy of this medication was not provided. There was evidence of spasms in all directions of the cervical spine upon examination. Furthermore, the request does not specify directions as far as frequency and duration. The medication has exceeded the recommended time of 2 to 3 weeks without efficacy provided. There is a lack of evidence to support the continuation of this medication without further evaluation and assessment. Therefore, the clinical information fails to meet the evidence based guidelines. Therefore, the request for the Flexeril 10 mg #30 is not medically necessary.

TGHot Topical Cream (Tramadol 8%, Gabapentin 10%, Menthol 2%, Capsaicin 0.05%:
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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Citation: B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

Decision rationale: The TG Hot topical cream is not medically necessary. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 or drug class that is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety. The TG Hot topical cream has tramadol, which peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and more robust primary studies are required to inform practice recommendations. The ingredient gabapentin is not recommended. There is no peer reviewed literature to support this use. The ingredient capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There is a lack of evidence of previous conservative treatments and that the injured worker did not respond to or was intolerant to other previous treatments. The clinical information fails to meet the evidence based guidelines for this

request. Furthermore, there are no directions as far as frequency, duration and the placement of this cream. Therefore, the request for the TG Hot topical cream is not medically necessary.

Flurflex180mg (Flurbiprofen 10%, 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 Analgesic Page(s): 111-113.

Decision rationale: The request for the Flurflex 180 mg is not medically necessary. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 or drug class that is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety. Flurflex has a non-steroidal antiinflammatory agent in it. The efficacy of non-steroidal antiinflammatories in clinical trials have been inconsistent and most studies are small and of short duration. Topical non-steroidal antiinflammatory agents are indicated for osteoarthritis and tendinitis, and for a duration of 4 to 12 weeks. There is a lack of evidence of a diagnosis of osteoarthritis and tendinitis. This medication also has a muscle relaxant in it and the guidelines do not recommend topical muscle relaxants except for the use of peripheral neuropathy. It is unknown how long this medication has been used, and the efficacy of this medication was not provided. Furthermore, the directions were not provide as to frequency, duration and placement. Therefore, the request for flurflex 180mg is not medically necessary.