

Case Number:	CM14-0150173		
Date Assigned:	09/18/2014	Date of Injury:	08/15/2002
Decision Date:	12/26/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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 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:

According to the records made available for review, this is a 59-year-old male with an 8/15/02 date of injury. At the time (7/28/14) of the request for authorization for Diclofenac/Lidocaine (3%/5% 180gm), Norco (Hydrocodone) 10/325mg #120, and Flexeril (Cyclobenzaprine HCL) #60, there is documentation of subjective (persistent pain in his neck, back, and bilateral hand) and objective (decreased cervical and lumbar spine range of motion, tenderness over the paraspinal muscles and trapezius muscles bilaterally, positive shoulder depression and Spurling's bilaterally, and decreased sensation bilaterally at C5, C6, C7, and C8 and median and ulnar distributions) findings, current diagnoses (chronic headaches, chronic cervical strain, chronic lumbar strain, status post lumbar surgery discectomy in 2003, bilateral upper and lower extremity radiculopathy, abdominal and ventral hernia, anxiety and depression, and gastritis), and treatment to date (medication including Norco and Cyclobenzaprine for at least 6 months). Regarding Norco (Hydrocodone) 10/325mg #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications related to Norco use to date. Regarding Flexeril (Cyclobenzaprine HCL) #60, there is no documentation of acute exacerbation of chronic pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications related to Flexeril use to date; and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine (3%/5% 180gm): 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of chronic headaches, chronic cervical strain, chronic lumbar strain, status post lumbar surgery discectomy in 2003, bilateral upper and lower extremity radiculopathy, abdominal and ventral hernia, anxiety and depression, and gastritis. However, the requested Diclofenac/Lidocaine (3%/5% 180gm) contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac/Lidocaine (3%/5% 180gm) is not medically necessary.

Norco (Hydrocodone) 10/325mg #120: 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): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic headaches, chronic cervical strain, chronic lumbar strain, status post lumbar surgery discectomy in 2003, bilateral upper and lower extremity radiculopathy, abdominal and ventral hernia, anxiety and depression, and gastritis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In

addition, given documentation of treatment with Norco for at least 6 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco (Hydrocodone) 10/325mg #120 is not medically necessary.

Flexeril (Cyclobenzaprine HCL) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain). Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic headaches, chronic cervical strain, chronic lumbar strain, status post lumbar surgery discectomy in 2003, bilateral upper and lower extremity radiculopathy, abdominal and ventral hernia, anxiety and depression, and gastritis. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing use of Flexeril, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Flexeril use to date; and the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril (Cyclobenzaprine HCL) #60 is not medically necessary.