

Case Number:	CM14-0157226		
Date Assigned:	09/30/2014	Date of Injury:	03/13/2008
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/25/2014

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 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:

The injured worker is a 47-year-old male who sustained an injury on 3/13/08. As per 8/28/14 report, he presented with sharp neck pain, stabbing pain, stiffness, weakness, numbness, and generalized discomfort. Objective findings revealed reduced range of motion of the cervical spine in all planes, reduced sensation and strength in the distribution of left C6 spinal nerve root, absent left biceps deep tendon reflexes, and tender, painful bilateral cervical paraspinal muscular spasms. Computed tomography of the cervical spine without contrast revealed anterior cervical fixation and substantial osseous interbody fusion at the C6-7 level; and degenerative disc disease at C3-4, C4-5 and C5-6 and left paracentral to lateral osteophyte at C6-7 was seen adjacent to the site expected for the left C7 nerve. She is currently on Norco and Flexeril. Previous treatment included physical therapy and medications. She has been on long-term Norco and Flexeril and has had a good, but partial response to treatment. Ketoprofen topical cream was prescribed to help control superficial pain and inflammation and also to help reduce gastrointestinal upset associated with oral medications. Diagnoses include cervical spine disc syndrome with strain-sprain disorder, radiculopathy, associated cervicalgia, and associated bilateral gamekeeper's thumb and chronic pain syndrome with idiopathic insomnia. The request for Norco 10/325mg prn #120 x 1, was modified to Norco 10/325mg x one month, Flexeril 10mg one (2) every night at bedtime #60 x 1 was modified to Flexeril 10mg x one (1) month, Ketoprofen topical creams was denied, and urine drug screen was denied on 9/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg prn #120 x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids Opioids, specific drug list Page(s): 51, 74, 91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers 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 "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The guidelines state continuation of opioids is recommended if the worker has returned to work and if the worker has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, this request is not medically necessary.

Flexeril 10mg one (2) QHS #60 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Cyclobenzaprine (Flexeril) Page(s): 41-42, 63-64.

Decision rationale: Per guidelines, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. There is also a post-op use. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. See Antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in low back pain and is associated with drowsiness and dizziness. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, this request is not medically necessary.

Ketoprofen topical creams: 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: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are an option with specific indications; many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Ketoprofen is not currently Food and Drug Administration approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for workers at risk, including those with renal failure. Furthermore, the Chronic Pain Medical Treatment Guidelines /Official Disability Guidelines states that the only non-steroidal anti-inflammatory drug that is Food and Drug Administration approved for topical application is Diclofenac (Voltaren 1% Gel). Per the guidelines, this request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation ODG, Pain Chapter: Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Opioids, specific drug list Page(s): 43, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring Official Disability Guidelines (ODG) Pain (Chronic), Urine Drug Testing (UDT)

Decision rationale: As per Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per Official Disability Guidelines, workers at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the history of previous urine drug tests is not available in order to follow the guidelines of yearly testing or the date of last drug test is unknown. Furthermore, there is no documentation of any aberrant behavior to mandate a drug test regardless of prior date of testing. Based on the guidelines and the documentation, this request is not medically necessary.