

Case Number:	CM14-0164090		
Date Assigned:	10/08/2014	Date of Injury:	05/06/1998
Decision Date:	11/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Pain Medicine 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 57-year-old female who reported an injury of unspecified mechanism on 05/06/1998. On 05/20/2014, her diagnoses included status post arthroscopic repair for right shoulder cuff tear with 3 revisions, complex regional pain syndrome of the right upper extremity with possible ulnar neuropathy and carpal tunnel syndrome, and possible radiculopathy due to disc herniation at C5-6. Her complaints included ongoing right shoulder and shoulder blade pain. She was experiencing weakness and burning sensation in the right upper extremity with hypersensitivity. She reported diminished ability to grip and grasp objects. She had further complaints of persisting right sided neck pain with headaches. She reported that her medications gave her 50% improvement in functional abilities and activities of daily living. She rated her pain 7/10. Her medications included methadone 5 mg for pain, Norco 7.5/325 mg for breakthrough pain, Flexeril 10 mg for shoulder girdle spasms, clonidine 0.1 mg for neuropathic pain, omeprazole 20 mg for dyspepsia from medications, Lidoderm patch 5% for neuropathic pain, and Senokot of an unspecified dose for constipation from narcotic use. A Request for Authorization dated 05/23/2014 was included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for 1 prescription of Flexeril 10 mg #30 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants should be used with caution as a second line option for short term treatment of acute exacerbation in patients with chronic pain. In most cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Flexeril is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation revealed that this injured worker has been using Flexeril since 05/20/2014, which exceeds the recommendations in the guidelines. Additionally, there was no frequency specified with the request. Therefore, this request for 1 prescription of Flexeril 10 mg #30 is not medically necessary.

1 prescription of Clonidine 0.1mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Clonidine, intrathecal, page 34

Decision rationale: The request for 1 prescription of clonidine 0.1 mg #30 is not medically necessary. The Official Disability Guidelines recommend clonidine for pain only after a short term trial indicates pain relief in patients refractory to opioid monotherapy or opioids with local anesthetics. There is little evidence that this medication provides long term pain relief and those studies have not investigated the neuromuscular, vascular, or cardiovascular physiologic changes that can occur over a long period of administration. The guidelines do not support the use of this medication. Additionally, there was no frequency specified with the request. Therefore, this request for 1 prescription of clonidine 0.1 mg #30 is not medically necessary.

1 prescription of Omeprazole 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for 1 prescription of omeprazole 30 mg #30 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include omeprazole, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events

include age greater than 65 years, history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids, an anticoagulant, or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, or laryngopharyngeal reflux. This injured worker did not have any of the above diagnoses, nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Furthermore, omeprazole is not supplied in a 30 mg dose. Therefore, this request for 1 prescription of omeprazole 30 mg #30 is not medically necessary.

1 prescription of Flector Patch 1.3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for 1 prescription of flector patch 1.3 #60 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental 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. Any product that contains at least 1 drug or drug class that is not recommended is not recommended. Flector patch contains diclofenac. The only form of FDA approved diclofenac for topical use is Voltaren gel 1%. The guidelines do not support the use of this patch. Additionally, there was no dosage or frequency included in the request. Therefore, this request for 1 prescription of flector patch 1.3 #60 is not medically necessary.