

Case Number:	CM14-0166454		
Date Assigned:	10/13/2014	Date of Injury:	04/10/1998
Decision Date:	11/28/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 12, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; muscle relaxants; topical compounds; anxiolytic medications; earlier cervical fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a May 9, 2014 progress note, the applicant reported worsening, 7/10 neck pain with derivative complaints of headaches. The applicant's pain was constant. The applicant was on Soma, Norco, and Valium. The applicant had difficulty sleeping comfortably. The applicant was asked to try Pamelor for neuropathic pain. The applicant was asked to continue Soma, Norco, and Valium in a tapering manner. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said permanent 10-pound lifting limitation in place. In an August 7, 2014 progress note, the applicant again reported persistent complaints of neck and shoulder pain, 5/10. The applicant was asked to taper off of Soma and Valium. Prescriptions for Flexeril, Norco, and tramadol were renewed. Topical ketoprofen was endorsed on the grounds that the applicant had gastritis. Prilosec was endorsed for gastritis. A variety of dietary supplements were endorsed. It was acknowledged that the applicant was off of work and receiving Social Security Disability Insurance (SSDI). In a September 18, 2014 progress note, the applicant reported 9/10 pain without medications versus 3/10 pain with medications. It was again acknowledged that the applicant was not working. Flexeril, Norco, Soma, Valium, tramadol, topical ketoprofen, Theramine, Sentra, and a TENS unit were all endorsed while the applicant was kept off of work. In a Utilization Review Report dated September 30, 2014, the claims administrator partially approved a request for Flexeril, partially approved a request for Norco, partially approved a request for Soma, approved a request for Valium, partially approved

a request for tramadol, and denied a request for a topical ketoprofen-containing cream. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (7.5mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other oral and topical agents. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Norco (#120): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. While the attending provider has reported some decrements in pain achieved as a result of ongoing medication usage, the attending provider has failed to outline any material improvements in function achieved as a result of the same. The applicant's reported diminution in pain scores with medication consumption is outweighed by the applicant's failure to return to any form of work, at age 53, and the attending provider's failure to outline any material improvements in function achieved as a result of ongoing medication usage, including ongoing Norco usage. Therefore, the request is not medically necessary.

Soma (350mg, #30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65, 29.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for longer than two to three weeks. In this case, the applicant has seemingly been using Soma (carisoprodol) for a minimum of several months. This is not an MTUS-endorsed role for the same. The Chronic Pain Medical Treatment Guidelines further cautions against usage of Soma in conjunction with opioid agents. In this case, the applicant is, in fact, using several opioid agents, including Norco and tramadol. Therefore, the request for Soma is not medically necessary.

Tramadol ER (150mg, #90): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. While the attending provider has outlined some decrements in pain achieved as a result of ongoing medication usage, including ongoing tramadol usage, this is outweighed by the applicant's failure to return to any form of work, at age 53, and the attending provider's failure to outline any material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

Ketoprofen (20%): 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 Ketoprofen Page(s): 112.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, ketoprofen, the article at issue, is not recommended for topical compound formulation purposes. The attending provider has failed to furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.