

Case Number:	CM14-0173082		
Date Assigned:	10/23/2014	Date of Injury:	02/11/2011
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal Medicine, has a subspecialty in Gastroenterology and is licensed to practice in Florida. 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 52-year-old female. Her date of injury was 02/11/2011. Her mechanism of injury was cumulative trauma. Her diagnoses were impingement syndrome and moderate adhesive capsulitis to bilateral shoulders, and low back sprain. Past treatments were not included in the medical records. She had complaints of persistent pain in the shoulders and low back, and also complained of pain in her elbows and wrists. The physical examination findings of 07/23/2014 indicated that the range of motion to the neck and shoulders were all within normal limits; there was a positive impingement sign present bilaterally; and Tinel's sign was negative at the cubital tunnel and the carpal tunnel bilaterally. She did have positive straight leg raises bilaterally, worse on the right. Her medication list included Motrin, Tylenol, Estazolam, Buspirone, Norco, Flexeril, and Diclofenac. There was no treatment plan included in her medical records. There was no rationale for the request or a Request for Authorization form included in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325 MG 1PO q12H prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; and Weaning of medications Page(s): 78-.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,82.

Decision rationale: The request for Norco 2.5/325 mg 1 by mouth every 12 hours as needed is not medically necessary. The injured worker had impingement syndrome to the bilateral shoulders and some complaints of pain and decreased range of motion in her lumbar spine. She has been taking Norco since at least 02/26/2014. The California MTUS Guidelines state that the 4 A's of ongoing monitoring are the most relevant when monitoring chronic pain patients on opioids. Pain assessments should be documented before and after taking the medication. The documentation should also address activities of daily living, side effects of the medication, and aberrant behavior. There should also be evidence of consistent results on a urine drug screen within the last year to verify appropriate medication use. As there are no quantifiable pain assessments, evidenced by numeric pain scales with and without the use of medications; improved ability to perform activities of daily living; documentation of significant side effects; documentation as to whether the injured worker has had aberrant behavior, including evidence of consistent results on urine drug screen within the last year in the medical record, the request is not supported. Therefore, the request is not medically necessary.

Dendracin LOT 120 ml TID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; and Salicylate Topicals Page(s): 111, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111-112.

Decision rationale: The request for Dendracin lotion 120 ml 3 times a day as needed is not medically necessary. The injured worker was diagnosed with impingement syndrome to the bilateral shoulders and low back sprain. The California MTUS Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A compounded product that contains at least 1 drug that is not recommended will not be recommended. Dendracin lotion includes Capsaicin. Capsaicin is recommended only as an option if the injured worker has not responded to or is intolerant of other treatments. Capsaicin is generally available as a 0.025% formulation and as a 0.075% formulation. There are no studies of a 0.0375% formulation of capsaicin and there are no studies or indications that would provide any further efficacy. Furthermore, there is no documentation addressing a trial of antidepressants and anticonvulsants for pain control. The quantity and site of application for the compounded cream were not included in the request. As Capsaicin is not recommended at that strength, there is a lack of documentation indicating trials of antidepressants and anticonvulsants and the dosing instructions are not complete, the medical record does not support the guidelines. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5 mg 1po BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

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

Decision rationale: The request for Cyclobenzaprine 7.5 mg 1 by mouth twice a day is not medically necessary. The injured worker has a history of impingement syndrome to the bilateral shoulders and a low back sprain. The California MTUS Guidelines state that Cyclobenzaprine is recommended for a short course of therapy only; it is not recommended for chronic use. The greatest effect of this medication appears to be in the first 4 days of treatment. The injured worker has been on this medication since at least 02/2014. As she has been taking Cyclobenzaprine more than 6 months and it is recommended for short term use only, the guidelines are not supported. Therefore, the request is not medically necessary.