

Case Number:	CM14-0028617		
Date Assigned:	06/23/2014	Date of Injury:	10/30/2007
Decision Date:	08/14/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 patient is a 48-year-old female who was injured on 10/30/2007. The mechanism of injury is unknown. She was treated conservatively with physical therapy twice a week for 6 weeks, lumbar epidural steroid injections and received 30% relief in back pain. Follow up examination dated 01/14/2014 indicates the patient complained of neck pain rating 7/10; right shoulder pain rated 9/10; right elbow pain rating 8/10 and low back pain rating 9/10. She was taking Norco and topical analgesic creams to alleviate her pain. Objective findings on exam revealed grip strength according to JAMAR on the right revealed 4 kg, 4 kg, 4 kg and on the left 4 mg, 4 mg, 4 mg. There is tenderness and spasm to thoracolumbar paraspinal musculature bilaterally. Range of motion is limited and painful upon flexion, extension, right lateral flexion, and left lateral flexion. Lumbar flexion is to 30 degrees; extension to 15 degrees; right lateral flexion to 10 degrees; and left lateral flexion to 10 degrees. She has positive Valsalva test and Kemp test bilaterally. She is diagnosed with cervical disc syndrome, bilateral shoulder bicipital tenosynovitis, right shoulder rotator cuff syndrome, right shoulder calcific tendonitis/bursitis, bilateral knee osteoarthritis, degenerative joint disease, lumbar disc disease and lumbar spine spondylosis. He has been recommended Norco 10/325, Tramadol ER 150 mg, and Cyclobenzaprine 7.5 mg. The patient underwent a right shoulder arthroscopic rotator cuff reconstruction using anchors, right shoulder arthroscopic subacromial decompression and resection of subacromial spur, right shoulder arthroscopic resection of the distal clavicle with coplaning; right shoulder glenohumeral chondroplasty; right shoulder arthroscopic partial resection of the labrum; and right shoulder bursectomy on 04/17/2014. Prior utilization review dated 02/07/2014 states the request for Norco 10/325 mg #30, Cyclobenzaprine 7.5 mg #90, Tramadol ER 150 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Norco.

Decision rationale: Norco (Hydrocodone 10mg + Acetaminophen 325mg) is indicated for moderate to severe pain. It is classified as a short-acting opioid, often used for intermittent or breakthrough pain. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients 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). In this case, there is no documentation of significant improvement in pain and function with prior use. Furthermore, the medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. In addition, there is no mention of ongoing attempts with non-pharmacologic means of pain management. Therefore, the medical necessity for Norco # 30 has not been established.

CYCLOBENZAPRINE 7.5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cyclobenzaprine.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. There is no documentation of significant improvement in spasm with prior use. The medical records demonstrate the patient has been prescribed Flexeril on an ongoing basis. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the medical necessity for Flexeril is not established.

TRAMADOL ER 150 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tramadol.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients 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 opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Chronic use of opioids is not generally supported by the medical literature. Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. Thus, the medical necessity of Tramadol ER # 60 has not been established.

LIDODERM PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patches Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lidocaine Patches.

Decision rationale: Per guidelines, criteria for use of Lidoderm patches: (a) recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). The medical records have not demonstrated the criteria have been met. Therefore, the medical necessity of Lidoderm patches #30 is not established.

TOPICAL ANALGESIC CREAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

Decision rationale: According to the CA MTUS 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 however. According to the CA MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no information as to the ingredients of the topical analgesic creams being requested. Hence, the medical necessity of this compounded topical product is not established.