

Case Number:	CM14-0043895		
Date Assigned:	07/02/2014	Date of Injury:	01/15/1999
Decision Date:	10/01/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 61-year-old male who has submitted a claim for cervical and upper thoracic strain with development of left cervical radicular symptoms and signs, bilateral elbow/forearm strain, and bilateral wrist and hand strain associated with an industrial injury date of 01/15/1999. Medical records from 10/21/2013 to 02/11/2014 were reviewed and showed that patient complained of neck pain graded 2/10 with upper back pain radiating down the left upper extremity, bilateral shoulder pain, and bilateral wrist, hand, elbow, forearm, and wrist pain graded 3/10. Physical examination of the cervical spine revealed spasm over paracervical muscles, decreased ROM, and positive Spurling's sign on the left. Physical examination of the wrists revealed tenderness over the volar wrist and negative Tinel's and Phalen's tests. Physical examination of the elbows and forearms revealed minimal tenderness over the lateral epicondyle and extensor forearm muscles bilaterally and full elbow ROM. Physical examination of the shoulders revealed tenderness over the AC joint and positive impingement sign on the left. Treatment to date has included TENS, Norco 10/325mg #180 (prescribed since 12/11/2013), Tylenol #4 (quantity not specified; prescribed since 10/21/2013), Soma 350mg (quantity not specified; prescribed since 10/21/2013), Medrox Lotion (quantity not specified; prescribed since 10/21/2013), and Naproxen 550mg (quantity not specified; prescribed since 10/21/2013). Of note, there was no documentation of functional relief from oral and topical pain medications prescribed. Utilization review dated 03/19/2014 denied the request for Norco 10/325mg because the guidelines do not recommend short-acting opioids for chronic pain. Utilization review dated 03/19/2014 denied the request for Soma 350mg because muscle relaxants are not indicated for the chronic setting. Utilization review dated 03/19/2014 denied the request for Naproxen 550mg because the long-term use of NSAIDs was not recommended. Utilization review dated

03/19/2014 denied the request for Medrox Lotion because there was no documentation of intolerance or unresponsiveness to other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: Upheld

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

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

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Norco 10/325mg #180 since 12/11/2013. However, there was no documentation of pain relief or functional improvement with Norco to support continuation of opioids use. Therefore, the request for Norco 10/325 #180 is not medically necessary.

Soma 350mg: 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 Carisoprodol Page(s): 29, 65.

Decision rationale: According to pages 29 and 65 of CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol (Soma) is not indicated for long-term use. The medication is not recommended for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In this case, the patient was prescribed Soma 350mg (quantity not specified) since 10/21/2013. There was no documentation of functional outcome concerning previous use of Soma. Furthermore, the long-term use of Soma is not in conjunction with guidelines recommendation of Soma use for no greater than 3 weeks. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for Soma 350mg is not medically necessary.

Medrox Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal and inflammatory drugs)Topical Analgesics.

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

Decision rationale: Medrox cream contains: 0.0375% Capsaicin; 20% Menthol; and 5% Methylsalicylate. California MTUS Chronic Pain Medical Treatment Guidelines states that there are no current indications for Capsaicin formulation of 0.0375%. Official Disability Guidelines (ODG), Pain Chapter also states that topical pain relievers that contain: Menthol, Methylsalicylate, and Capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS states that Salicylate topicals are significantly better than placebo in chronic pain. In this case, the patient was prescribed Medrox lotion (quantity not specified; prescribed since 10/21/2013). The Capsaicin content of Medrox is not recommended by the guidelines. The guidelines do not recommend Capsaicin formulation over 0.025%. Furthermore, the guidelines clearly state that any compounded product that contains one drug class that is not recommended is not recommended. Therefore, the request for Medrox Lotion is not medically necessary.

Naproxen 550mg: 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 NSAIDS Page(s): 67.

Decision rationale: According to CA MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. There is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed Naproxen 550mg (quantity not specified) since 10/21/2013. There was no documentation of functional outcome with Naproxen use. Furthermore, the long-term use of Naproxen is not in conjunction with guidelines recommendation. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for Naproxen 550mg is not medically necessary.