MAXIMUS Federal Services

Case Number:	CM14-0047040		
Date Assigned:	08/06/2014	Date of Injury:	04/27/2010
Decision Date:	09/19/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 40 year old female who sustained a cervical spine, bilateral shoulders and lumbar spine injuries on 04/27/2010. Prior treatment history has included 24 sessions of physical therapy to the cervical spine, lumbar spine, and right shoulder with no significant improvement. The patient underwent right shoulder arthroscopy x2. Her medications as of 01/20/2014 included Norco, Cyclobenzaprine, Omeprazole, and Norco.Progress report dated 04/14/2014 by [redacted], orthopedic, indicates the patient complained of neck pain rated as 7-8/10; right shoulder pain rated as 8/10; and low back pain rated as 7/10. Objective findings on exam revealed tenderness to palpation of the paralumbar muscles bilaterally. The lumbar spine range of motion revealed flexion to 20 degrees; extension to 10 degrees; lateral flexion bilaterally to 10 degrees. Range of motion was limited due to pain. The shoulder elicited tenderness at the right rotator cuff. Range of motion of the shoulder revealed flexion to 140 on the right and 180 on the left; extension to 50 bilaterally; abduction to 140 on the right and 180 on the left; adduction to 50 bilaterally; internal rotation to 90 bilaterally; and external rotation to 90 bilaterally. Deep tendon reflexes of the upper extremity are 2+/4 bilaterally. Motor strength of the upper extremity revealed 4-/5 on the right in shoulder abductors and shoulder flexors; 5/5 bilateral in remaining planes. The patient is diagnosed with cervical disc syndrome; status post right shoulder rotator cuff surgery x2; lumbar disc syndrome; lumbar spine sprain/strain; right shoulder tear of supraspinatus with moderate acromioclavicular joint arthrosis, per MRI; and anxiety. She was recommended Norco 10/325, Cyclobenzaprine, Tramadol, Omeprazole, and topical analgesics. Authorization is requested for pain management consult with [redacted] to address epidural injections to the cervical and lumbar spine. Prior utilization review dated 03/12/2014 by [redacted] states the request for Norco 10/325mg states the request for Norco Qty 60is denied as it is not medically necessary; Cyclobenzaprine 7.5mg, Qty unspecified is denied as it is

not medically necessary; Tramadol ER 150mg, Qty unspecified is denied as it is not medically necessary; Omeprazole 20mg, Qty unspecified is denied as it is not medically necessary; Topical Cream Flurflex (Flurbiprofen 10%, Cyclobenzaprine 10%)is denied as it is not medically necessary, 180gms; and pain management consultations denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, specific drug list Page(s): 76-80, 93-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as tricyclic antidepressants (TCA) like Nortriptyline, serotonin and norepinephrine reuptake inhibitors (SNRI) anti-depressants like Duloxetine, or anticonvulsants like Gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Weaning is advised to avoid withdrawal symptoms. Therefore, the request for Norco 10/325mg, Qty 60 is not medically necessary.

Cyclobenzaprine 7.5mg, qty unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cyclobenzaprine (FlexerilÂ®).

Decision rationale: According to the California MTUS Guidelines and ODG, Flexeril (cyclobenzaprine) is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. The patient's medications as of 01/20/2014 included Norco, Cyclobenzaprine, Omeprazole, and Norco. Flexeril is requested again 4/14/14. The patient appears to be using Flexeril chronically, which is not recommended. The request for Cyclobenzaprine 7.5mg is not medically necessary.

Tramadol ER 150mg, qty unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80; 93-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like Nortriptyline, SNRI anti-depressants like Duloxetine, or anticonvulsants like Gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Weaning is advised to avoid withdrawal symptoms. Therefore, the request for Tramadol ER 150mg is not medically necessary.

Omeprazole 20mg, qty unspecified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: The California MTUS Guidelines state medications such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The medical records do not establish this patient is at significant risk for GI events. Omeprazole 20mg is not medically necessary.

Topical Cream TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180gms: Upheld

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

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

Decision rationale: Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical record does not document that trials of oral antidepressants and anticonvulsants have failed. As per the California MTUS Guidelines, Gabapentin is not recommended as a topical product. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for topical cream TGHot 180gms is not medically necessary.

Topical Cream Flurflex (Flurbiprofen 10%, Cyclobenzaprine 10%), 180gms: 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 Analgesics Page(s): 111-113.

Decision rationale: Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical record does not document that trials of oral antidepressants and anticonvulsants have failed. As per the California MTUS Guidelines, Cyclobenzaprine is not recommended as a topical product. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for topical cream Flurflex 180gms is not medically necessary.

Pain management consutlation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Evaluation and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 503.

Decision rationale: As per the California MTUS Guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate that the consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the orthopedic primary treating physician is requesting referral for pain management consult to address epidural injections to the cervical and lumbar spine. Therefore, the request for a pain management consultation is medically necessary.