MAXIMUS Federal Services

Case Number:	CM14-0077667		
Date Assigned:	07/18/2014	Date of Injury:	10/31/2011
Decision Date:	09/16/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/28/2014

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 has a subspecialty in Interventional Spine 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 49-year-old male with a date of injury of 10/31/2011. The listed diagnoses per [redacted] are; cervical musculoligamentous sprain/strain, resolving, lumbar spine disk disease with anterolisthesis at L4 to L5, bulging disk and facet arthropathy, acromion type 2 of the left shoulder without impingement at this point. According to a progress report on 04/22/2014, the patient presents with persistent neck pain and low back pain that radiates to his knees. He is taking Norco which helps the pain from 6/10 down to a 3-4/10 and Flexeril helps him with the spinal spasms. Examination of the cervical spine revealed slight decreased range of motion and tenderness to paraspinals equally. There was positive Spurling's bilaterally. Examination of the lumbar spine revealed slightly decreased range of motion, tenderness to the paraspinals, right greater than left, positive Kemp's sign bilaterally, and positive straight leg raise on the right at 60 degrees. The treating physician is requesting a refill of Norco 10/325 #120, Flexeril 10 mg #60, topical compound cream, and a consultation, and treatment with pain management for lumbar Epidural Steroid Injection (ESI). A utilization review denied the request on 05/16/2014. Review of the medical file indicates the patient had urine drug screens on 10/14/2013, 12/26/2014, and 04/22/2014 which were consistent with the medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with persistent neck pain and low back pain that radiates to his legs. The treater is requesting a refill of Norco 10/325 mg #120. MTUS Guidelines states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires "documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Review of the medical file indicates the patient has been taking Norco since at least 12/26/2013. Treater reports Norco reduces pain from 6/10 down to a 3-4/10 on a pain scale, but does not discuss specific functional improvement from taking Norco. Given the lack of sufficient documentation as required by MTUS for long-term opiate use, the request is not considered medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with persistent neck pain and low back pain that radiates to his legs. Medical records indicate the patient was given a trial of Flexeril on 12/26/2013. The patient has been subsequently prescribed this medication since then. The MTUS Guidelines, "Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." In this case, the treating physician has prescribed this medication for long-term use. The request is not considered medically necessary.

Flurbiprofen 20%,Cyclobenzaprine 10%, Menthol 4% Cream , 180 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with persistent neck pain and low back pain that radiates to his legs. The treating physician requested a trial of topical compound cream including flurbiprofen 20%, cyclobenzaprine 10%, menthol 4% 180 g. The MTUS Guidelines has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, and Cyclobenzaprine is a muscle relaxant and not recommended in any topical formulation. The request is not considered medically necessary.

Consultation and Treatment with Pain management for Lumbar Epidural Steroid Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines This patient presents with persistent neck pain and low back pain that radiates to his legs. The treater is requesting a trial of topical compound cream including flurbiprofen 20%, cyclobenzaprine 10%, menthol 4% 180 g. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, and Cyclobenzaprine is a muscle relaxant and not recommended in any topical formulation. Recommendation is for denial Page(s): 46,47.

Decision rationale: The MTUS Guidelines has the following regarding (ESI) under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." For repeat injections during therapeutic phase, "continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." In this case, there is no documentation of functional improvement, pain relief and medication reduction to consider repeat injection. The requested consultation and treatment with pain management for a lumbar steroid injection is not medically necessary.