

Case Number:	CM14-0081863		
Date Assigned:	07/18/2014	Date of Injury:	02/23/2001
Decision Date:	09/16/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/03/2014

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 injured worker is a 62-year-old male with a reported date of injury on 02/23/2001. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar spine spondylosis and subacromial impingement syndrome to the right shoulder. His previous treatments were noted to include medications. The progress note dated 06/30/2014 revealed the injured worker complained his right knee had been more painful recently. The injured worker indicated that his pain level was 3/10 for the lumbar spine and the left shoulder. He stated that he was limited to 60% of normal in his activities of daily living as a result of his low back and left shoulder condition. The injured worker complained of numbness and tingling to the right foot along with radiating pain extending down to the right foot. The injured worker indicated that the medications prescribed helped relieve his symptoms by 100%. The physical examination of the lumbar spine showed tenderness and spasm that were palpable over the paravertebral musculature bilaterally. The physical examination of the left shoulder showed tenderness over the biceps tendon. The neurological examination showed bilateral upper and lower extremities normal for motor, reflex, and sensory. The straight leg raise test in the seated position produced pain in the lumbar spine bilaterally. The request for authorization form dated 06/09/2014 was for 30 gm of Cyclobenzaprine 10%, Cyclobenzaprine 7.5 mg #60, Hydrocodone 2.5/325 mg #60, Tramadol 10%, Flurbiprofen 30 gm 25%; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 30gm 10%: Upheld

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

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

Decision rationale: The request for Cyclobenzaprine 30 gm 10% is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state there is no evidence for use of any muscle relaxant as a topical product. The injured worker indicated the topical analgesics and oral medications were giving him 100% pain relief; however, the guidelines do not support the use of a muscle relaxant as a topical agent. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: 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 Relaxants Page(s): 63.

Decision rationale: The request for Cyclobenzaprine 7.5 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and decreasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been utilizing this medication for over 6 months and the guidelines recommend short-term utilization. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Hydrocodone 325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Hydrocodone 325 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the "4 A's" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated the medications relieved his pain by 100%. There is a lack of documentation regarding improved functional status with utilization of this medication. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation regarding improved functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Tramadol 10%: 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.

Decision rationale: The request for Tramadol 10% is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The injured worker indicated he was receiving 100% from the use of his medications; however, there is a lack of documentation regarding the injured worker's inability to take Tramadol by mouth. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Flurbiprofen 30gm 25%: 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): 111-112.

Decision rationale: The request for Flurbiprofen 30 gm 25% is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy and clinical trials of topical NSAIDs have been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are long-term studies of their effectiveness or safety. The guidelines indications for topical NSAIDs is osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The injured worker has been utilizing this medication for over 6 months and the guidelines recommend the use of topical NSAIDs for 4 to 12 weeks. Additionally, the guidelines do not recommend topical NSAIDs for use of the spine, hip or shoulder as there is no evidence to support use. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.