

Case Number:	CM14-0190058		
Date Assigned:	11/21/2014	Date of Injury:	04/30/2003
Decision Date:	01/09/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/14/2014

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 Rehabilitation & Pain Management 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 69-year-old female with a date of injury of 04/30/2013. The listed diagnoses are: 1. Cervical spine musculoligamentous sprain. 2. Carpal tunnel syndrome, bilateral wrist, status post right carpal tunnel release surgery. According to progress report 09/08/2014, the patient presents with continued pain in the neck and bilateral trapezius area. She has tightness and limited range of motion. The patient described numbness and tingling in the ring and little finger for the left hand. The patient rates her pain as 8/10 on a pain scale. She states that her activities of daily living are limited at approximately 35% of normal and notes that medications help relieve her symptoms by approximately 100%. Examination of the cervical spine revealed extension and flexion 30 degrees. Tenderness is palpable with spasm noted over the paravertebral and trapezial muscles. Examination of the bilateral wrist revealed full range of motions present with no tenderness or effusion. There is decreased sensation noted at the right and middle fingers for the left hand. The treater requests refill of medications and "future toxicology testing at 60 to 90 days." Utilization review denied the request on 10/15/2014. The medical file provided for review includes 2 progress reports, which are dated 05/12/2014 and 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 2.5 mg (unspecified Qty): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88 and 89, 78.

Decision rationale: This patient presents with continued neck and bilateral trapezius pain. The current request is for hydrocodone 2.5 mg (unspecified qty). MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 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. This patient has been utilizing hydrocodone 2.5 mg since at least 05/12/2014. The patient is considered permanent and stationary and is currently not working. Urine toxicology from 06/18/2014 was consistent with the medications prescribed. The treater has noted that medications "help relieve her symptoms by approximately 100%." However, there is no discussion of functional improvement, change in work status, or changes in ADLs as required by MTUS for opiate management. There is no discussion of adverse side effects or discussions of possible aberrant behaviors either. The treating physician has failed to provide minimum requirements of documentation that are outlined at the MTUS for continued opioid use. The request for Hydrocodone is not medically necessary.

Cyclobenzaprine (unspecified Qty and strength): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 64.

Decision rationale: This patient presents with continued pain in the neck and bilateral trapezius area. The current request is for cyclobenzaprine (unspecified qty and strength). MTUS Guidelines page 64 states that cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for the recommendation for chronic use. Review of the medical file indicates the patient has been prescribed cyclobenzaprine since at least 05/12/2014. In this case, the patient has been prescribed muscle relaxant for long-term use, which is not supported by MTUS. The requested Cyclobenzaprine is not medically necessary.

Flurbiprofen Compound Topical Medication (unspecified Qty and strength): 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: This patient presents with continued neck and bilateral trapezial area pain. The current request is for flurbiprofen compound topical medication (unspecified qty and strength). The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." For flurbiprofen, which is a nonsteroidal antiinflammatory agent, "the efficacy and clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs have been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to the topical treatment." In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms but suffers from chronic neck pain and carpal tunnel syndrome. The request for Topical Compound Medication is not medically necessary.

Cyclobenzaprine Compound Topical Medication (unspecified Qty and strength): 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: This patient presents with continued neck and bilateral trapezius area pain. The current request is for cyclobenzaprine compound topical medication (unspecified qty and strength). The MTUS Guidelines regarding topical analgesics states that it is "largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. The request for Cyclobenzaprine Topical Medication is not medically necessary.

Future Urine Toxicology Testing in 60-90days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Urine Drug Testing.

Decision rationale: This patient presents with continued neck and bilateral trapezius area pain. The current request is for future urine toxicology testing in 60 to 90 days. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks opiate users, the ODG Guidelines provide clear recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate

use in low risk patient. Based on the medical file, a urine drug screen was provided on 06/18/2014. The treater has not documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. The ODG and MTUS do support periodic urine toxicology for opiate management. In this case, the patient was recently provided screening, which was consistent with the medications prescribed. The request for Urine Toxicology is not medically necessary.