

Case Number:	CM14-0208493		
Date Assigned:	12/19/2014	Date of Injury:	07/26/2010
Decision Date:	02/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 46 year old female with an injury date on 07/26/2010. Based on the 11/20/2014 progress report provided by the treating physician, the diagnoses are: 1. Migraine classical NOS 2. Sprain thoracic region 3. Cervicalgia 4. Mild herniated thoracic disc displacement-T6-T7 5. Cervical disc degeneration 6. Cervical spondylosis without myelopathy According to this report, the patient complains of "neck pain that radiates to the right shoulder and scapula that is aching and she is also getting muscle spasm." Examination findings show tender in the paracervical muscles and the right upper trapezius muscles. Range of motion is decreased in left lateral bending and left rotation. The patient's work status is "Permanent and stationary working full time." The treatment plan is medications as Norco, Flexeril, and Flector Patch. The patient's past treatment consists of MRI, epidural, TENS unit, urine toxicology screen, and CURES. There were no other significant findings noted on this report. The utilization review denied the request for (1) Flexeril #60 x2 refills, (2) Norco #60 x2 refills, and (3) Flector 1.3% patch #20 x2 refills on 12/08/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/07/2014 to 11/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, #60 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63, 64.

Decision rationale: According to the 11/20/2014 report, this patient presents with neck and shoulder pain. Per this report, the current request is for Flexeril 7.5mg, #60 x2 refills. This medication is first mentioned on 09/30/2014. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP (low back pain) cases, they showed no benefit beyond NSAIDs and pain and overall improvement." In this case, the treating physician is requesting Flexeril #60 x 2 refills and this medication is not recommended for long term use. The treating physician does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

Norco 5/325mg, #60 x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for the Use of Opioids Page(s): 60, 61; 88, 89; 76-78.

Decision rationale: According to the 11/20/2014 report, this patient presents with neck and shoulder pain. Per this report, the current request is for Norco 5/325mg, #60 x2 refills. The treating physician mentions that patient's "pain levels are about an 8/10 before medication coming down to 3/10 with medication. Pain is worse with bending and lifting. It is decreased with lying down." For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In reviewing the provided report, the treating physician documents "We are adherent to the four domains and monitoring the patients for opioids, analgesia activity, function, side effects, and no aberrant behavior." UDS and CURES are attained. Furthermore, the reports show documentation of pain assessment with pain ranging from an 8/10 to 3/10 and ADL's (activities of daily living) is mentioned as above. In this case, the treating physician has clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is medically necessary.

Flector 1.3% patch, #20 x 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)- TWC, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; Non-steroidal anti-inflammatory dru.

Decision rationale: According to the 11/20/2014 report, this patient presents with neck and shoulder pain. Per this report, the current request is for Flector 1.3% patch, #20 x2 refills. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Reviewing of the provided reports shows the patient has been prescribed Flector since 08/05/2014 and it is unknown exactly when the patient initially started taking this medication. The treating physician indicates that "Medications have been significantly helpful." In this case, the treating physician has documented that the patient's current medication usage is helpful to control pain levels. The current request is medically necessary.