

Case Number:	CM15-0108336		
Date Assigned:	06/15/2015	Date of Injury:	08/29/2012
Decision Date:	08/19/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 8/29/12. He has reported initial complaints of left shoulder pain. The diagnoses have included chronic myofascial pain syndrome, cervical spine pain, and chronic left rotator cuff syndrome status post left shoulder surgery. Treatment to date has included medications, acupuncture, chiropractic, physical therapy; sling, immobilizers, transcutaneous electrical nerve stimulation (TENS), activity modifications and home exercise program (HEP). Currently, as per the physician progress note dated 3/11/15, the injured worker complains of pain in the cervical spine and left shoulder pain especially with overhead activity. It is noted that the surgery has not been authorized. The physical exam reveals decreased range of motion of the neck and left shoulder by 10 percent in all planes and decreased strength in the left shoulder. The current medications included Norco, Naprosyn, Omeprazole, Flexeril and Neurontin. The urine drug screen dated 11/19/14 was consistent with the medications prescribed. The physician requested treatments included Lidopro 121gm #2, Flexeril 7.5mg #90, and Norco (unspecified dose and quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gm #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, who was recommended Lidopro which contains topical lidocaine, there was lack of documentation demonstrating failure of first line medications such as the gabapentin he had been taking to warrant topical lidocaine as an alternative. Therefore, the Lidopro will be considered medically unnecessary at this time.

Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the request for Flexeril 7.5 mg #90 is suggestive of an attempt to continue this medication use on a chronic basis, which is not recommended for this drug class. Also, there was no obvious muscle spasm noted in the recent documentation. Therefore, the Flexeril will be considered medically unnecessary at this time.

Norco (unspecified dose and qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Weaning of Medications Page(s): 77-80, 91, 94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest

possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence of this full review regarding Norco use to justify its continuation. Also, records suggested that the requesting provider did not intend to request this medication anymore. Therefore, the Norco request will be considered medically unnecessary considering these factors.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence to suggest this worker was abusing medication or suspicious of such based on the history to warrant frequent urine drug screening. Also, since there was records suggesting an intention of the provider to discontinue Norco, there would be no reason to do a drug screen anyway. Therefore, the urine drug screen will be considered medically unnecessary.