

Case Number:	CM15-0133568		
Date Assigned:	07/21/2015	Date of Injury:	12/26/2001
Decision Date:	08/18/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, California
 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 65 year old female, who sustained an industrial injury on 12/26/2001. Diagnoses have included residual right shoulder pain status post right shoulder surgery and left shoulder strain. Treatment to date has included surgery, a home exercise program and medication. According to the progress report dated 5/29/2015, the injured worker complained of neck pain, right greater than left with muscle spasm. She complained of headaches due to neck pain. She complained of upper back pain, right greater than left. She also complained of right shoulder pain and difficulty sleeping due to pain. She reported that her pain was decreased by about fifty percent with medications. Exam of the cervical spine revealed slight spasm and tenderness of the paracervical muscles. The shoulders were tender, mostly on the right side. There was mild tenderness and spasm of the upper thoracic region. Authorization was requested for Norco, Flexeril and Mentherm topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78/81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for an unknown length of time but at least 2 months in combination with muscle relaxants and topical analgesics. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Continued and chronic use of Norco is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for at least 2 months but unknown length of time. Continued use is not medically necessary.

Mentherm topical cream (contains Methyl Salicylate 15% and Menthol 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; see also Topical Analgesics Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. 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. The continuation of Mentherm beyond 1 month exceeds the trial period recommended above. In addition, there is no documentation of failure of 1st line treatment. Reduction in Norco use with Mentherm was not noted. Topical NSAIDS can reach levels similar to oral NSAIDS with similar risks. Therefore, the continued use of Mentherm is not medically necessary.

