MAXIMUS Federal Services

Case Number:	CM15-0145066		
Date Assigned:	08/06/2015	Date of Injury:	08/20/2002
Decision Date:	09/30/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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 York
Certification(s)/Specialty: Pediatrics, Internal Medicine

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 64-year-old male, with a reported date of injury of 08-20-2002. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar spine strain with degenerative disc disease, cervicothoracic spine strain, left shoulder subacromial impingement syndrome, left lateral epicondylitis, status post right trigger thumb release, left carpal tunnel syndrome, left trigger thumb, sleep disturbances, major depression, anxiety, pain disorder associated with psychological factors and general medicine, and non-stenosis flexor tenosynovitis of the left thumb. Treatments and evaluation to date have included aquatic therapy, TENS unit, topical pain medications, oral medication, left trapezius trigger point injection, and left carpal tunnel decompression. According to the medical report dated 10-28- 2013, the diagnostic studies to date have included an electrodiagnostic study of the upper and lower extremities on 08-26-2011, which showed mild left peroneal motor neuropathy at the ankle, mild left sural sensory neuropathy, bilateral median sensory neuropathy, and bilateral ulnar sensory neuropathy; electrodiagnostic study of the bilateral upper and lower extremities on 02-14-2012; an MRI of the cervical spine on 04-11-2012 with normal findings; and an MRI of the lumbar spine on 03-27-2013 which showed protrusion at L4-5, L5-S1 bulge, and slight stable narrowing of the L4-5 foramen. The supplementary report dated 09-18-2014 indicates that the injured worker's thumb was progressing, but he had not had therapy. The injured worker had numbness in his left leg. The physical examination showed positive straight leg raise test and decreased sensation to pinprick over the lateral aspect of his foot. The injured worker was

prescribed Ativan (lorazepam) 2mg #30, Fexmid (cyclobenzaprine) 7.5mg #90, Flurbiprofen-Lidocaine #30, and Norco (Hydrocodone-acetaminophen) 10-325mg #90. The injured worker's work status was not indicated. The treating physician requested Cyclobenzaprine, Flurbiprofen, Lorazepam, and Hydrocodone-acetaminophen (date of service: 09-18-2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 75mg #90 (Date of service: 09/18/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cyclobenzaprine (Flexeril).

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend Cyclobenzaprine as an option for a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and is the generic name for Fexmid. The guidelines state that "Limited, mixed-evidence does not allow for the recommendation for chronic use." The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for acute exacerbations of chronic low back pain. The injured worker had complaints of chronic low back pain. The side effects of Cyclobenzaprine include drowsiness, urinary retention and dry mouth. The sedative effects may limit use. The guidelines indicate that "this medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction." The non-MTUS Official Disability Guidelines indicate that Cyclobenzaprine is more effective than placebo in the management of back pain and that this medication is not recommended for longer than 2-3 weeks. The medical records show that the injured worker was prescribed Fexmid (Cyclobenzaprine) on 09-18-2014. The request does not meet guideline recommendations. Therefore, the retrospective request for Cyclobenzaprine is not medically necessary.

Retrospective request for Flurbiprofen-Lidocaine #30 (Date of service: 09/18/2014): 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: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trails of antidepressants and anticonvulsants have failed. There was no evidence that a trial of antidepressant or anticonvulsant as had failed as a first-line therapy. The compounded medication contains Flurbiprofen, a non-steroidal anti-inflammatory agent (NSAID) and Lidocaine. MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness

or safety. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The medication was prescribed on 09-18-2014. There was no specification of where the medication was to be applied. The prescription documented that the medication was to be applied to the affected area twice daily for muscle inflammation and pain. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDS are diclofenac formulations. All other topical NSAIDS are not FDA approved. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. According to the guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." None of the medications in this compounded topical product are recommended by the guidelines. The request does not meet guideline recommendations. Therefore, the request for Flurbiprofen-Lidocaine is not medically necessary.

Retrospective request for Lorazepam 2mg #30 (Date of service: 09/18/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter, Benzodiazepines.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term effectiveness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. The injured worker was prescribed Lorazepam on 09-18-2014. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long-term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. The non-MTUS Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. The injured worker had been prescribed and was taking Hydrocodone-acetaminophen (Norco) which is an opioid. The request does not meet guideline recommendations. Therefore, the request for Lorazepam is not medically necessary.

Retrospective request for Hydrocodone/Acetaminophen 10/325mg #90 (Date of service: 09/18/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 09-22-2008. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The medical records included urine toxicology reports; however, the specific functional goals, return to work, and opioid contract were not discussed. The toxicology report dated 06-26-2014 was positive for hydrocodone. The injured worker's return to work was based on a previous examination. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Hydrocodone-acetaminophen is not medically necessary.