

Case Number:	CM15-0189034		
Date Assigned:	10/01/2015	Date of Injury:	01/10/2003
Decision Date:	12/10/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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 46 year old female who sustained an industrial injury on 1-10-03. She works full time. The medical records indicate that the injured worker is being treated for neck pain; lower back pain. She currently (9-10-15) complains of low back pain and stiffness with pain level of 5 out of 10; constant, burning right shoulder pain with a pain level of 5 out of 10. Her back pain level was consistent at 6-7 out of 10 and her shoulder pain level was consistent at 5 out of 10 both from 10-31-14 through 9-10-15. On physical exam there was pain with rotational and extension of the lumbar spine with secondary myofascial pain and triggering that has increased; cervical spine pain that radiates to the bilateral shoulders, tenderness, myofascial pain and triggering, positive Spurling's maneuver, and compression test; positive straight leg raise isolated to her low back. Per documentation she notes a "substantial benefit of pain medication". There was no evidence of drug abuse or diversion, no aberrant behavior per documentation. There was a urine drug screen dated 5-5-15 and was consistent with prescribed medications. Her treatments consisted of medications: (current 9-10-15) Flexeril, Keta-clo-gablid, Norco (she has been on these medications since at least 10-31-14); transforaminal epidural steroid injection; home exercise program. Diagnostics included MRI of the cervical spine (2003). The request for authorization dated 9-11-15 was for Norco 10-325mg #120; Voltaren Gel 1% 2 grams with 3 refills. The request for Flexeril was not present. On 9-18-15 Utilization Review non-certified the request for Voltaren gel 1% 2 grams with 3 refills; Norco 10-325mg #120; Keta-Colo-gabapentin- Lidocaine X1 month; Flexeril 10mg X1 month modified to #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 2gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This patient receives treatment for chronic pain involving the R shoulder, neck, and lower back. This relates back to an industrial injury on 01/10/2013. The patient on physical exam has pain the lower back with rotation and extension maneuvers. There is tenderness to palpation on the paracervical muscles and a positive SLR test (at what angle is not documented). Sensation and motor exams were normal. The patient's treatment plan includes physical therapy, analgesics, muscle relaxers, radio frequency ablation and epidural steroid injections. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. Voltaren is an NSAID. NSAIDs are not medically indicated to treat chronic pain in its topical form, because well designed clinical studies fail to find evidence of effectiveness. Topical Voltaren gel is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: This patient receives treatment for chronic pain involving the R shoulder, neck, and lower back. This relates back to an industrial injury on 01/10/2013. The patient on physical exam has pain the lower back with rotation and extension maneuvers. There is tenderness to palpation on the paracervical muscles and a positive SLR test (at what angle is not documented). Sensation and motor exams were normal. The patient's treatment plan includes physical therapy, analgesics, muscle relaxers, radio frequency ablation and epidural steroid injections. This review addresses a request for Norco 10/325 mg 1 QID. The patient is taking 40 mg of hydrocodone daily. Norco 10/325 mg contains hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco 10/325 mg is not medically necessary.

Flexeril 10mg (for one month): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Non- sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: This patient receives treatment for chronic pain involving the R shoulder, neck, and lower back. This relates back to an industrial injury on 01/10/2013. The patient on physical exam has pain the lower back with rotation and extension maneuvers. There is tenderness to palpation on the paracervical muscles and a positive SLR test (at what angle is not documented). Sensation and motor exams were normal. The patient's treatment plan includes physical therapy, analgesics, muscle relaxers, radio frequency ablation and epidural steroid injections. This review addresses a request for Flexeril 10 mg. Flexeril is a muscle relaxant. It is medically indicated to treat flair ups of muscle spasm for the short term. Using Flexeril over the long term may lead to medication dependence, tolerance, and untoward effects, such as falls. Flexeril is not medically necessary.

Keta/Clo/Gab/Lid (for one month): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This patient receives treatment for chronic pain involving the R shoulder, neck, and lower back. This relates back to an industrial injury on 01/10/2013. The patient on physical exam has pain the lower back with rotation and extension maneuvers. There is tenderness to palpation on the paracervical muscles and a positive SLR test (at what angle is not documented). Sensation and motor exams were normal. The patient's treatment plan includes physical therapy, analgesics, muscle relaxers, radio frequency ablation and epidural steroid injections. This review addresses a request for Keta/Clo/Gab/Lid. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Ketamine is an NMDA receptor antagonist, that can be used as a dissociative sedative. Ketamine is not medically indicated to treat chronic pain in its topical form. Cyclobenzaprine is a muscle relaxer, which is not medically indicated to treat chronic pain in its topical form. Gabapentin is an anticonvulsant (AED). AEDs are not medically indicated to treat chronic pain in its topical form. Lidocaine may be medically indicated to treat certain forms of peripheral neuropathy, such as post-herpetic neuralgia. Lidocaine is not medically indicated in its topical form for this patient, based on the documentation. This compounded cream is not medically necessary.