

Case Number:	CM15-0197916		
Date Assigned:	10/13/2015	Date of Injury:	01/14/2013
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51-year-old male, with a reported date of injury of 01-14-2013. The diagnoses include low back pain with radiating symptoms to the right lower extremity; lumbar sprain and strain; right SI (sacroiliac joint) arthropathy; rule out lumbar spondylosis; right shoulder impingement syndrome with labral tear and anterior instability; myospasm; cervical spine sprain and strain; and thoracic spine sprain and strain. Treatments and evaluation to date have included Flurbiprofen-Lidocaine; compound cream (since at least 04-2015), Norco (since at least 03-2015), Flexeril (since at least 03-2015), and Tramadol. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-24-2015 indicates that the injured worker complained of right shoulder pain, lower back pain, right leg pain, and right leg weakness. The progress report dated 08-20-2015 indicates that the injured worker complained of right shoulder pain and low back pain. He also complained of weakness in the lower legs. The objective findings (08-24-2015) include decreased range of motion of the right shoulder, positive impingement sign, positive O'Brien's test, and positive straight leg raise test sitting and supine position on the right side. The injured worker has been instructed to remain off work until 10-05-2015. The objective findings (08-20-2015) include right shoulder forward flexion at 110 degrees; right shoulder abduction at 100 degrees; right shoulder extension at 25 degrees; right shoulder internal rotation at 45 degrees; right shoulder external rotation at 30 degrees; tenderness in the bicipital groove and over the acromioclavicular articulation; mild lumbar lordosis; forward flexion of the lumbar spine; lumbar extension at 10 degrees; lumbar lateral bending to the left and to the right at 15 degrees; lumbar rotation to the left and to the right at 20 degrees; and tenderness over the L4-5 and L5-S1 bilaterally. The

treatment plan included a prescription for Norco, one tablet twice a day; Flexeril, one tablet twice a day; and topical cream containing Flurbiprofen, Cyclobenzaprine, Baclofen, and Lidocaine. The injured worker's work status was "deferred to primary treating physician". The treating physician requested Flexeril 5mg #60, Norco 10-325mg #60, and Flurbiprofen 15%-Cyclobenzaprine 10%-Baclofen 2%-Lidocaine 5% compound medication. On 09-14-2015, Utilization Review (UR) non-certified the request for Flexeril 5mg #60, Norco 10-325mg #60, and Flurbiprofen 15%-Cyclobenzaprine 10%-Baclofen 2%-Lidocaine 5% compound medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Flexeril 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: 60 Tablets of Flexeril 5 mg is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long-term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

60 Tablets of Norco 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: 60 Tablets of Norco 10/325 mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

1 Compound medication (Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5%): Upheld

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

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

Decision rationale: 1 Compound medication (Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5%) is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended." Per CA MTUS page 111 states that topical analgesics such as Flurbiprofen, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended." The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary. The request was not specific as to what area the compound cream will be used. Additionally, there is little evidence to utilize topical NSAIDs and Lidocaine for treatment of pain associated with the spine, hip or shoulder; therefore, the compounded topical cream is not medically necessary.