

Case Number:	CM15-0199324		
Date Assigned:	10/14/2015	Date of Injury:	12/22/2009
Decision Date:	11/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/09/2015

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: Anesthesiology

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 60 year old female, who sustained an industrial injury on December 22, 2009. She reported injury to her shoulders and back. The injured worker was currently diagnosed as having cervical discopathy, C5-6 disc herniation, lumbar discopathy, left shoulder rotator cuff syndrome and impingement, right shoulder rotator cuff tear, anxiety and depression, sleep disturbance, left hand and wrist pain, right carpal tunnel syndrome, left ankle recent pain, left shoulder rotator cuff tear and acromioclavicular joint hypertrophy. Treatment to date has included diagnostic studies, surgery, injection, therapy, medications and exercises. On September 9, 2015, the injured worker complained of pain in her cervical spine, lumbar spine and bilateral shoulders. The cervical and lumbar spine pain was rated as a 6-7 on a 1-10 pain scale. Left shoulder pain was rated a 5-6 on the pain scale. She noted difficulty with lifting and bending. Physical examination of the cervical spine revealed tenderness to palpation. Cervical flexion was 30 degrees with discomfort and extension was 20 degrees with significant paracervical discomfort. There was inhibition of rotation to the right and left to only 20 degrees. Scapular retraction was limited and produced rhomboid pain. Bilateral shoulder examination revealed tenderness in the acromioclavicular joint. Range of motion was decreased with crepitus on motion. Impingement sign was positive. Examination of the lumbar spine revealed tingling and numbness in the bilateral lower extremities. Spine motion in extension is negative 10 degrees, forward flexion was 20 degrees and tilt right and left was 10 degrees. The treatment plan included work restrictions, exercise, medication, urinalysis and a follow-up visit. On October 1, 2015, utilization review denied a request for home exercise kit, Flexeril 10mg #60, Norco 10-325mg #60, Flurbiprofen 10%/Diclofenac 10%/Gabapentin 10%/Lidocaine 5% 180 g cream and retrospective urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Exercise.

Decision rationale: According to the ODG, exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Home exercise programs are usually designed without the need for specialized equipment. In this case, there is no documentation of specific equipment necessary for home exercise. Medical necessity for the requested home exercise kit has not been established. The requested item is not medically necessary.

Flexeril 10mg #60: Upheld

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

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. It is not recommended to be used for longer than 2-3 weeks. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there is no documentation of muscle spasms on physical exam on 09/09/2015. In addition, the available records show that the patient has not shown a documented benefit or any functional improvement from prior Flexeril use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Norco 10/325mg #60: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Flurbiprofen 10%/Diclofenac 10%/Gabapentin 10%/Lidocaine 5% 180g cream: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical compounded medication contains: Flurbiprofen 10%/ Diclofenac 10%/ Gabapentin 10%/ Lidocaine 5%. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine, in the formulation of a

dermal patch (Lidoderm) is used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Since there is insufficient documentation that she has peripheral pain and the medications of Flurbiprofen, Baclofen and Lidocaine are not recommended for topical use, the requested treatment of a medicated cream consisting of a Flurbiprofen, Baclofen and Lidocaine compound is not medically necessary.

Retrospective urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT).

Decision rationale: According to CA MTUS, a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. The CA MTUS Guidelines recommend use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, previous urine drug testing has been completed on 05/14/2015. However, the provider did not document the test results from this UDT. In addition, Norco was not found to be medically necessary. Medical necessity for the requested testing has not been established. Therefore, the requested urine drug screening is not medically necessary.