

Case Number:	CM15-0028413		
Date Assigned:	02/20/2015	Date of Injury:	06/02/2012
Decision Date:	05/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/16/2015

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: Texas, 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:

This is a 40 year old female patient, who sustained an industrial injury on 06/02/2012. The current diagnoses include cervical spine sprain/strain, status post right shoulder surgery, and lower extremity numbness. Per the doctor's note dated 01/06/2015, she had complaints of increasing pain with radiation. Pain level was rated as 6-7 out of 10 on the visual analog scale (VAS). Physical examination revealed right sided cervical tenderness, spasm and decreased range of motion. The current medications list includes norco, flexeril and topical compound cream. She has had MRI right shoulder arthrogram dated 7/21/14, which revealed mild tendinosis; MRI cervical spine dated 9/18/2014. Previous treatments included medication management, right shoulder surgery, functional capacity evaluation, and physical therapy. Utilization review performed on 01/21/2015 non-certified a prescription for Flexeril, ketoprofen with lidocaine cream, and Norco, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is also not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Norco 5/325 mg # 90 is not established for this patient at this time.

Flexeril 10 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) Muscle Relaxant Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient had chronic low back and neck pain with radiculopathy with history of right shoulder surgery. Physical examination revealed right sided cervical tenderness, spasm and decreased range of motion. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of

cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 10 mg # 30 is medically appropriate and necessary to use as prn during acute exacerbations.

Ketoprofen with Lidocaine Cream with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Request: Ketoprofen with Lidocaine Cream with 1 refill. Ketoprofen is a NSAID. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants.)" (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended-Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Ketoprofen with Lidocaine Cream with 1 refill is not fully established for this patient.