

Case Number:	CM15-0217345		
Date Assigned:	11/09/2015	Date of Injury:	02/25/2014
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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: Physical Medicine & Rehabilitation

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 49 year old female injured worker suffered an industrial injury on 2-25-2014. The diagnoses included cervical disc herniation, right hip pain, sacroiliitis, and chronic low back pain. On 5-11-2015, the provider reported left neck, left trapezius and parascapular shoulder pain with numbness and tingling to the left upper extremity. On exam, the left shoulder strength was diminished. Prior treatments included physical therapy, sacroiliac joint injection 12-9-2014 and L5-S1 epidural steroid injection 9-16-2014. The documentation provided did not include a comprehensive pain evaluation that included pain levels with and without medications or effect on functional performance. Diagnostics included cervical MRI 4-7-2015. Utilization Review on 10-28-2015 determined non-certification for Norco 10-325mg #60, Flexeril 10mg #60 and Flector Patch 1.3% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 05/11/15 progress report provided by treating physician, the patient presents with pain to left neck, left trapezius and parascapular shoulder pain with numbness and tingling to the left upper extremity. The request is for Norco 10/325MG #60. RFA with the request not provided. Patient's diagnosis on 05/11/15 included cervical disc herniation, right hip pain, sacroiliitis, and chronic low back pain. MRI of the cervical spine done on 04/07/15, per 05/11/15 report demonstrated "mild to moderate degenerative changes of the cervical spine at C3-4, C4-5 and C5-6. This is the worst at C5-C6 with a broad-based disc bulge and left paracentral component with mild left lateral stenosis and left neural foraminal stenosis at this level." Treatment to date has included imaging and electrodiagnostic studies, injections, physical therapy, TENS, home exercise program and medications. Patient's medications include Norco, Flexeril and Flector patch. Under Plan, per 05/11/15 report, treater has noted "Activities: Full duty." Work status has not been specified. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Current progress report with the request was not provided. The patient has been prescribed Norco as early as 08/04/14 and this medication has been renewed in 05/11/15 report. It is not known when this medication was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Flexeril 10mg #60: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Based on the 05/11/15 progress report provided by treating physician, the patient presents with pain to left neck, left trapezius and parascapular shoulder pain with numbness and tingling to the left upper extremity. The request is for Flexeril 10MG #60. RFA with the request not provided. Patient's diagnosis on 05/11/15 included cervical disc herniation, right hip pain, sacroiliitis, and chronic low back pain. MRI of the cervical spine done on 04/07/15, per 05/11/15 report demonstrated "mild to moderate degenerative changes of the cervical spine at C3-4, C4-5 and C5-6. This is the worst at C5-C6 with a broad-based disc bulge and left paracentral component with mild left lateral stenosis and left neural foraminal stenosis at this level." Treatment to date has included imaging and electrodiagnostic studies, injections, physical therapy, TENS, home exercise program and medications. Patient's medications include Norco, Flexeril and Flector patch. Under Plan, per 05/11/15 report, treater has noted "Activities: Full duty." Work status has not been specified. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Current progress report with the request was not provided. Flexeril was included in patient's medications per 08/15/14 report, however it is not known when this medication was initiated. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain/spasm, and does not support long-term use of this medication beyond a 2 to 3 week period. Flexeril has been renewed per progress report dated 05/11/15. In addition, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Flector Patch 1.3% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 19th Edition, Pain Chapter, Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Flector patch.

Decision rationale: Based on the 05/11/15 progress report provided by treating physician, the patient presents with pain to left neck, left trapezius and parascapular shoulder pain with numbness and tingling to the left upper extremity. The request is for Flector Patch 1.3% #60. RFA with the request not provided. Patient's diagnosis on 05/11/15 included cervical disc herniation, right hip pain, sacroiliitis, and chronic low back pain. MRI of the cervical spine done on 04/07/15, per 05/11/15 report demonstrated "mild to moderate degenerative changes of the cervical spine at C3-4, C4-5 and C5-6. This is the worst at C5-C6 with a broad-based disc bulge and left paracentral component with mild left lateral stenosis and left neural foraminal stenosis at this level." Treatment to date has included imaging and electrodiagnostic studies, injections, physical therapy, TENS, home exercise program and medications. Patient's medications include

Norco, Flexeril and Flector patch. Under Plan, per 05/11/15 report, treater has noted "Activities: Full duty." Work status has not been specified. MTUS Chronic Pain Medical Treatment Guidelines 2009, Topical Analgesics section, pg 111-113 regarding topical NSAIDs states: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)... 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." ODG Guidelines, Pain Chapter under Flector patch states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." Current progress report with the request was not provided. It is not known when this medication was initiated. Treater has not provided medical rationale for the request, nor indicated where this topical is applied and with what efficacy. MTUS Guidelines state that there is "little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." In this case, the patient does not present with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. This patient presents with pain to neck and shoulder, for which topical NSAIDs are not supported. MTUS page 60 also requires recording of pain and function when medications are used for chronic pain. This request is not in accordance with guidelines. In addition, Flector patch has been renewed per progress report dated 08/15/14. Guidelines do not recommend use of Flector beyond two weeks. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.