

Case Number:	CM14-0137952		
Date Assigned:	09/05/2014	Date of Injury:	01/25/2009
Decision Date:	10/07/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36-year old male who was injured on 01/25/2009. The mechanism of injury is unknown. Progress report dated 07/20/2014 states the patient presented with complaints of right shoulder pain and restricted range of motion. There is no exam documented. The patient is diagnosed with right shoulder disorder of bursa/tendons and right arthroscopic surgery. According to the UR, the patient was taking Norco for severe pain, cyclobenzaprine at bedtime, Naproxen Flurbiprofen as well as Gabapentin topically. There are no other reports provided to demonstrating the efficacy of these medications or lack thereof. Prior utilization review dated 08/06/2014 states the requests for Norco 10/325mg #90; Cyclobenzaprine 7.5mg at bedtime; Flurbiprofen/Tramadol Cream; Gabapentin/Amitriptyline cream are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e.VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, Norco 10/325mg #90 is not medically necessary.

Cyclobenzaprine 7.5mg at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine,Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 41-.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine (Flexeril) is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm unresponsive to first line therapy. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. There is no documentation of significant improvement with prior use. The medical records demonstrate the patient has been prescribed Flexeril on an ongoing basis. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, Cyclobenzaprine 7.5mg at bedtime is not medically necessary.

Flurbiprofen/Tramadol Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The CA MTUS/ODGstates that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Furthermore, Tramadol is not recommended

for topical use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus the request is not medically necessary.

Gabapentin/Amitriptyline cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the guidelines, Gabapentin is not recommended for topical application. There is no peer-reviewed literature to support use. Amitriptyline as a topical form is not recommended. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.