MAXIMUS Federal Services

Case Number:	CM14-0143167		
Date Assigned:	09/10/2014	Date of Injury:	03/09/2009
Decision Date:	10/14/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/04/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for depression, fibromyalgia, adhesive capsulitis, and chronic pain syndrome reportedly associated with an industrial injury of March 9, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; muscle relaxants; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of cognitive behavioral therapy over the course of the claim; and extensive periods of time off of work.In a Utilization Review Report dated August 16, 2014, the claims administrator denied a request for Flector, Flexeril, and various hydrocodone-containing products while approving a request for ibuprofen. The applicant's attorney subsequently appealed. In a progress note dated March 3, 3014, the applicant was described as using a variety of hydrocodone-containing products. The applicant was given a problem list which included depression, adhesive capsulitis, fibromyalgia, and chronic pain syndrome. The applicant complained that his prescriptions for hydrocodone have been denied. The applicant stated that his pain complaints were therefore heightened. The applicant was not working and had been deemed disabled, it was suggested. The applicant did not have a medical marijuana card, the attending provider reported. Hydrocodone-containing products were again renewed. The applicant was again placed off of work, on total temporary disability. The applicant was asked to continue physical therapy and psychotherapy. Hydrocodone-containing compounds, ibuprofen, Flexeril, and ThermaCare heat wraps were endorsed. The attending provider stated that these medications were helping to manage the applicant's pain but did not elaborate on any functionality specifically ameliorated as a result of medication consumption. In a May 1, 2014 progress note, the applicant again reported persistent complaints of shoulder pain. The applicant apparently had some issues with transaminitis, it was further noted. The applicant was again described as disabled, it was suggested. The applicant's

medication list included several hydrocodone-containing products, Flector, Flexeril, Motrin, and ThermaCare heat wraps, many of which were refilled. The applicant was again placed off of work, on total temporary disability. The attending provider again posited that the medications were helpful but did not elaborate further. On August 5, 2014, the applicant was again placed off of work, on total temporary disability. Multiple medications were again renewed. On this occasion, the attending provider stated that the applicant's pain medications allowed him to do activities of daily living such as bathing and dressing, it was stated. The attending provider then stated that the applicant was performing home exercises and painting art, although it was acknowledged that the applicant was not formally employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector One Prescription 1.3% #60, Two Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac section. Page(s): 112.

Decision rationale: Flector is a derivative of diclofenac/Voltaren. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, however, Voltaren/diclofenac/Flector has not been evaluated for treatment involving the shoulder, the primary pain generator here. It this case, the attending provider has not furnished any compelling applicant-specific rationale to support provision of Flector patches in the face of the tepid-to-unfavorable MTUS position on the same. It is further noted that the applicant's usage of multiple first-line oral pharmaceuticals effectively obviates the need for the Flector patches at issues. Therefore, Flector One Prescription 1.3% #60 is not medically necessary.

Flexeril 10mg #60 with Two Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other oral and topical agents. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, Flexeril 10mg #60 is not medically necessary.

Compound Hydrocodone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: The compounded hydrocodone-containing product is a short-acting opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is reporting appropriate reduction in pain levels through ongoing hydrocodone usage. The applicant's ability to use his impacted upper extremities is reportedly ameliorated as a result of ongoing hydrocodone usage. The applicant is apparently performing home exercises and is active in painting art. Thus, on balance, it appears that two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy had been met here, although it was acknowledged that the applicant has failed to return to work. Nevertheless, on balance, continuing the same does appear to be indicated. Therefore, Compound Hydrocodone 10mg #120 is medically necessary.

Compound Hydrocodone 10mg #120 (To be filled on 9/1/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant has failed to return to work, the applicant does meet the other two criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant's ability to perform functionalities including home exercises, usage of the upper extremities, painting, etc., have all been ameliorated through ongoing medication consumption, including ongoing hydrocodone consumption. The applicant is likewise reporting appropriate reduction in pain levels with ongoing hydrocodone usage. Continuing the same, on balance, is therefore indicated. Accordingly, Compound Hydrocodone 10mg #120 is medically necessary.

Compound Hydrocodone 10mg #120 (To be filled on 10/1/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while it is acknowledged that the applicant had seemingly failed to return to work, the applicant does meet the other two criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. The applicant is deriving appropriate analgesia from ongoing hydrocodone consumption. The applicant's ability to perform activities of daily living, home exercises, and painting, have all reportedly been ameliorated as a result of ongoing hydrocodone usage. Continuing the same, on balance, is therefore indicated. Accordingly, Compound Hydrocodone 10mg #120 is medically necessary.