

Case Number:	CM14-0161288		
Date Assigned:	10/06/2014	Date of Injury:	08/25/2006
Decision Date:	10/30/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old female with an 8/25/06 date of injury. At the time (8/21/14) of request for authorization for 30 Tablets of Tylenol with Codeine #3 300/30mg, 30 Flector 1.3% Patches, and 40 Tablets of Robaxin 00mg, there is documentation of subjective (back, shoulder, and wrist pain) and objective (restricted range of motion of the cervical spine, positive cervical facet loading test on the left side, restricted range of motion of the lumbar spine, positive lumbar facet loading test bilaterally, tenderness to palpitation over the posterior iliac spine on the left side, restricted range of motion of the right shoulder, positive Hawkin's test, decreased biceps, brachioradial, and triceps reflexes; and decreased knee jerk and ankle jerk) findings, current diagnoses (lumbar radiculopathy, lumbar disc disorder, chronic back pain, cervical pain, shoulder pain, cervical disc disorder, and wrist pain), and treatment to date (TENS unit, acupuncture therapy, epidural steroid injection, and medications (including ongoing treatment with Celebrex and Tylenol with Codeine #3 since at least 3/6/14). Medical reports identify decrease in pain level, fair quality of sleep, and increase in activity level as a result of medication use. Regarding Tylenol with Codeine #3, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Flector patch, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), failure of an oral NSAID or contraindications to oral NSAIDs, and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (acute strains, sprains, and contusions). Regarding Robaxin, there is no documentation of acute exacerbation of

chronic low back pain and Robaxin used as a second line option for short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Tylenol with Codeine #3 300/30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar disc disorder, chronic back pain, cervical pain, shoulder pain, cervical disc disorder, and wrist pain. In addition, there is documentation of ongoing treatment with Tylenol with Codeine #3. Furthermore, given documentation of medical reports identifying a decrease in pain level, fair quality of sleep, and increase in activity level as a result of medication use, there is documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tylenol with Codeine #3 used to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 30 Tablets of Tylenol with Codeine #3 300/30mg is not medically necessary.

30 Flector 1.3% Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar disc disorder, chronic back pain, cervical pain, shoulder pain, cervical disc disorder, and wrist pain. In addition, given documentation of a request for 30 Flector 1.3% Patches, there is documentation of Flector patches used as short-term (4-12 weeks) treatment. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of ongoing treatment with Celebrex and medical reports identifying a decrease in pain level, fair quality of sleep, and increase in activity level as a result of medication use, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Furthermore, despite documentation of subjective (back, shoulder, and wrist pain) and objective (restricted range of motion of the, lumbar spine, cervical spine, and right shoulder; positive Hawkin's test; decreased biceps, brachioradialis, and triceps reflexes; and positive lumbar facet loading and cervical facet loading test) findings and given documentation of an 8/25/06 date of injury, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (acute strains, sprains, and contusions). Therefore, based on guidelines and a review of the evidence, the request for 30 Flector 1.3% Patches is not medically necessary.

40 Tablets of Robaxin 00mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar disc disorder, chronic back pain, cervical pain, shoulder pain, cervical disc disorder, and wrist pain. However, there is no documentation of acute muscle spasms or exacerbation of chronic low back pain. In addition, given documentation of a request for 40 Tablets of Robaxin, there is no documentation of short term (less than two weeks) treatment. Furthermore, there is no documentation of Robaxin used as a second line option. Therefore, based on guidelines and a review of the evidence, the request for 40 Tablets of Robaxin 00mg is not medically necessary.