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| Case Number: | CM15-0014152 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 09/13/2013 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 12/27/2014 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 64-year-old female, who sustained an industrial injury on 09/13/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include neck pain with radicular symptoms to the left upper extremity with cervical four to five and cervical five to six disc protrusion with neuroforaminal stenosis, paracervical and bilateral upper trapezius muscle spasm, and low back pain with radicular symptoms to the lower extremity. Treatment to date has included trigger point injections and medication regimen. In a progress note dated 11/03/2014 the treating provider reports low back pain radiating to the left lower extremity, neck pain that radiates to the left upper extremity, headache, and tightness in the bilateral upper shoulder and trapezius areas. The treating physician requested Flexeril after discontinuing Tizanidine due to the side effects of dizziness with the Flexeril for use for muscle relaxation; Norco after discontinuing Tramadol secondary to ineffectiveness with the Norco for use for breakthrough pain; and the continuation of the Compound cream of Capsaicin/Tramadol/Gabapentin/Camphor/and Menthol for symptomatic relief of pain to the lumbar and cervical spine. On 12/27/2014 Utilization Review non-certified the requested treatments of Flexeril 5mg twice a day for a quantity of 60 but allowing a one month supply for weaning, Norco 10/325mg one tablet twice a day with a quantity of 60 but allowing a one month supply for weaning, and Compound cream of Capsaicin/Tramadol/Gabapentin/Camphor/and Menthol, noting the California Medical Treatment Utilization Schedule, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41 of 127.

Decision rationale: Flexeril is a muscle relaxant, which is indicated for short-term episodic usage of flares of back pain. The attach medical record indicates that this medication has been prescribed for an extended period of time and it is unclear why its usage is still needed the year and a half after the stated date of injury. Furthermore, 60 tablets with BID dosing do not indicate short-term episodic usage. As such, this request for Flexeril is not certified.

Norco 10/325mg 1 tab bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 75-78, 88, 91 of 127.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Norco 10/3 to 5 mg or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Compound Cream: Capsaicin/Tramadol/Gabapentin/Camphor/and Menthol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 is; MTUS (Effective July 18, 2009); Page(s): 111-113 of 127..

Decision rationale: The California MTUS guidelines recommend that topical usage of capsaicin is only indicated after failure of other oral medications. Additionally, there is no proven benefit for topical usage of tramadol, gabapentin, cam for, and menthol for the injured employees symptoms and diagnosis. Without justification for its use, this request for topical capsaicin/tramadol/Gabapentin/camphor/menthol is not certified.