

Case Number:	CM15-0014205		
Date Assigned:	02/02/2015	Date of Injury:	06/05/2009
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
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: Texas, Florida

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 55 year old male who sustained an industrial injury on 6/5/09. The diagnoses are shoulder impingement syndrome, status post cervical discectomy fusion and chronic headache. Treatments to date include three level anterior cervical discectomy and fusion, oral pain medications, oral muscle relaxant, and topical analgesic. In a progress note dated 12/31/14 the treating provider reports the injured worker complaining of a pain score of 5-6/10 with medication and 10/10 without medications on a scale of 0 to 10. There was no documentation of UDS or functional restoration available for this review. On 1/13/15 Utilization Review non-certified the request for Norco 7.5/325mg #90 modified to Norco 7.5/325mg #45, Flexeril 7.5mg #60 modified to Flexeril 7.5mg #30, and non-certified Dendracin lotion #120 ml. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124.

Decision rationale: The CA MTUS recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with sedatives. The guidelines recommend that compliance monitoring measures such as serial UDS, absence of aberrant behaviors and functional restoration be documented during chronic opioid treatment. The records indicate that the patient had been on chronic opioids treatment not just for short term treatment of exacerbation of pain. There is no documentation of guidelines required compliance monitoring measures available for this review. The criteria for the use of Norco 10/325mg #90 was not met.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter. Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids. The records indicate that the patient had utilized Flexeril longer than the guidelines recommended maximum period of 4 to 6 weeks. The patient is also utilizing opioids and sedatives. The criteria for the use of Flexeril 7.5mg # 60 was not met.

Dendracin lotion #120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 63-64, 105. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/dendracin-lotion.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: The CA MTUS recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line antidepressant and anticonvulsant medications have failed. The recommended second line product is Lidoderm patch. The records did not show subjective or objective findings consistent with a diagnosis of just localized neuropathic pain such as CRPS. The diagnoses listed are headache, shoulder and neck pain. The record did not show that the patient failed treatment with oral formulation of recommended first line medications. The Dendracin product contains capsaicin 0.025% and

methyl salicylate 30%. There is lack of guidelines support for the chronic use of methyl salicylate products in the treatment of chronic musculoskeletal pain. The criteria for the use of Dendracin lotion 120ml was not met.