

Case Number:	CM15-0176562		
Date Assigned:	09/17/2015	Date of Injury:	03/01/2009
Decision Date:	10/20/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 43 year old female who sustained an industrial injury on March 1, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for disorders of the bursae and tendons in the shoulder region, impingement-other problems of the shoulder, and superior glenoid labrum lesions (SLAP). On August 21, 2015, the injured worker reported her pain as 6 out of 10 on the visual analog scale (VAS), taking her medications as prescribed with improvement noted since the previous visit in the ability to reach behind better, lift >8 pounds, no sharp pain, only a dull ache, increased ability to sweep 2 rooms, and can cook and do dishes on the 1.5 Norco dose, with the "day to day more normal". The Treating Physician's report dated August 21, 2015, noted the injured worker's current medications as Lidoderm patch, Neurontin, Prozac, Flexeril, Latuda, Norco, and a compound medication. The physician noted the injured worker was phonating and cognating well, appearing to be in moderate pain, fatigued, depressed, and edgy. The physical examination was noted to show the left shoulder with tenderness to palpation provoked at the origin site of the long head of the biceps, with pain provoked with isolated biceps flexion and elbow supination, and tenderness to palpation reported at anteriorly uses sequence of flexion-abduction flexion to raise the arm. The treatment plan was noted to include refills of the Norco, Lidoderm patch, Neurontin, Flexeril, and the compound medication. The injured worker's work status was noted to be permanent and stationary. On May 22, 2015, the injured worker was noted to report her pain as 5.5 out of 10 on the visual analog scale (VAS), with her current medications listed as the compound medication, Lidoderm patch, Neurontin, Prozac, Flexeril, Latuda, and Norco. On April 23, 2015, the injured worker rated her pain as 6 out of 10 on the visual analog scale (VAS), with

discontinuation of the Buspar and Seroquel. The injured worker is noted to have been prescribed the Norco, Lidoderm patch, Neurontin, compounded medication, and Flexeril since at least October 23, 2014. The request for authorization dated August 21, 2015, requested Lidoderm 5% patch #90, Neurontin 600mg #360, Norco 10/325mg #360, Flexeril 10mg #225, and Baclofen 2%, bupivacaine 1%, cyclobenzaprine 2%, gabapentin 6%, orphenadrine5%, pentoxifylline 3% 180gm QTY: 3. The Utilization Review (UR) dated September 2, 2015, approved the requests for Lidoderm 5% patch #90 and Neurontin 600mg #360, denied the requests for Flexeril 10mg #225, and Baclofen 2%, bupivacaine 1%, cyclobenzaprine 2%, gabapentin 6%, orphenadrine5%, pentoxifylline 3% 180gm QTY: 3, and modified the request for Norco 10/325mg #360 to approve a quantity of 108 to represent a 10% dose reduction to allow for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from August 21, 2015, included documentation of pain on medications, history of appropriate urine drug testing (April 23, 2015), subjective functional improvement, and performance of necessary activities of daily living. However, the notes did not include documentation of the pain without medication, no significant adverse effects or aberrant behavior, pain contract on file, and objective functional improvement. Appropriate follow-up has been performed, but weaning of opioids had been advised by Utilization Review on September 2, 2015. Based on the available medical information, Norco 10/325mg #360 is not medically necessary or appropriate for ongoing pain management.

Flexeril 10mg #225: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Per the cited CA MTUS guideline, Flexeril (cyclobenzaprine) is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating provider notes state the injured worker has maintained her pain at 6/10 on the visual analog scale and has continued subjective functional improvement. However, per the available medical records, the injured worker has been on Flexeril greater than six weeks. Recommend weaning as directed. Therefore, based on the available medical records and guidelines cited, the request for Flexeril 10mg #225 is not medically necessary at this time.

Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, Gabapentin 6%, Orphenadrine5%, Pentoxifylline 3% 180gm QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers (e.g. cyclobenzaprine) and gabapentin are not recommended as topical products, and since they are not recommended by the MTUS, the request for Baclofen 2%, bupivacaine 1%, cyclobenzaprine 2%, gabapentin 6%, orphenadrine5%, pentoxifylline 3% 180gm #3, is not medically necessary and appropriate at this time.