

Case Number:	CM15-0023383		
Date Assigned:	02/12/2015	Date of Injury:	06/17/2011
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old male sustained a work related injury on 06/17/2011. According to a progress report dated 12/31/2014, the injured worker was seen for ongoing neck and shoulder pain. He was already schedule for surgery on the left shoulder and left arm with another provider. His urine drug screens on 12/02/2014 for Norco were negative. The injured worker did not have a clear explanation. He reported that he did not take the Norco every day and that he had not had the Norco for the past four days because the other provider wanted him to be without pain medications for the surgery; yet he was consistently getting refills and running out. He stated that he was running out of medications several days before each of his follow up visits. The provider noted that it did not sound like he was managing his medications well. Current medications included Relafen, Norco, Topamax, Imitrex and Biofreeze. He was advised to take no more than two Norco a day. Diagnoses included chronic neck pain and upper extremity pain, MRI 10/25/2013 showed a 1 to 2 millimeter disk bulge at C5-C6 and C6-C7 only, chronic persistent headaches cervicogenic, status post right shoulder surgery form 11/23/2011, MRI of left shoulder from 06/09/2014 showed tendinosis of the supraspinatus and a partial thickness tear of the infraspinatus, osteoarthritis of AC joint, mild tenosynovitis of the bicep tendon otherwise unremarkable, distant history of left ulnar transposition in 1990s for prior injury and electromyography report from 04/03/2014 consistent with moderate carpal tunnel syndrome bilaterally and peripheral neuropathy bilaterally. On 01/21/2015, Utilization Review non-certified two tubes of Biofreeze and 9 tablets of Imitrex 50mg and modified 60 tablets of Norco 10/325mg. According to the Utilization Review physician in regard to Biofreeze, there was no

evidence that the injured worker was suffering from an acute onset of pain or re-injury to warrant the use of this medication. Official Disability Guidelines, Chapter: Low Back-Lumbar & Thoracic (Acute and Chronic) were referenced. In regard to Imitrex, there was no noted complaint of headache or symptoms of migraine elicited on the recent clinical evaluation. The Official Disability Guidelines, Chapter: Head were referenced. In regard to Norco, the injured worker stated that he did not use Norco every day; however, his medications kept running out and he was consistently getting refills. CA MTUS Chronic Pain Medical Treatment Guidelines were cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg tablet #60 dispensed on 12/31/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for using of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 dispense December 31, 2014 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are chronic neck pain and upper extremity pain; 1 to 2 mm disc bulge at C5 - C6 and C6 - C7; chronic persistent headache, cervicogenic; status post right shoulder surgery November 23, 2011, chronic right shoulder pain; distant history of left ulnar transposition in the 1990s; EMG April 3, 2014 consistent with moderate carpal tunnel syndrome bilaterally and peripheral neuropathy. The injured worker has been taking Norco approximately one year. The documentation indicates, according to a December 2, 2014 progress note, the injured worker had a negative urine drug screen. The treating physician queried the injured worker and the injured worker did not have a reasonable explanation for Norco's absence from the urine drug screen. The inconsistent UDS was unexplained. However, the injured worker refills the Norco on a regular basis. Consequently, absent clinical documentation with objective functional improvement and a reasonable explanation for the inconsistent urine drug screen by the injured worker, Norco 10/325 mg #60 dispense December 31, 2014 is not medically necessary.

Biofreeze tube #2 dispensed on 12/31/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bio freeze tube #2 dispense December 31, 2014 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Biofreeze contains alcohol, menthol, Ilex. In this case, the injured worker's working diagnoses are chronic neck pain and upper extremity pain; 1 to 2 mm disc bulge at C5 - C6 and C6 - C7; chronic persistent headache, cervicogenic; status post right shoulder surgery November 23, 2011, chronic right shoulder pain; distant history of left ulnar transposition in the 1990s; EMG April 3, 2014 consistent with moderate carpal tunnel syndrome bilaterally and peripheral neuropathy. Bio freeze is a topical analgesic. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. There is no documentation indicating the anatomical region to apply Bio- freeze. Consequently, absent clinical documentation with an anatomical region for application and the largely experimental nature of topical analgesics, bio freeze tube #2 dispense December 31, 2014 is not medically necessary.

Imitrex 50mg Tablet #9 dispensed on 12/31/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Triptans and Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain , Head section, Tryptans.

Decision rationale: Pursuant to the Official Disability Guidelines, Imitrex 50 mg #9 dispense December 31, 2014 is not medically necessary. Imitrex (Tryptans) are recommended for migraine sufferers. All Tryptans are effective and well tolerated. In this case, the injured worker's working diagnoses are chronic neck pain and upper extremity pain; 1 to 2 mm bulge at C5 - C6 and C6-C7; chronic persistent headache, cervicogenic; status post right shoulder surgery November 23, 2011, chronic right shoulder pain; distant history of left ulnar transposition in the 1990s; EMG April 3, 2014 consistent with moderate carpal tunnel syndrome bilaterally and peripheral neuropathy. Imitrex is indicated for migraine headaches. The injured worker does not have migraine headaches. The injured worker has cervicogenic headaches according to the documentation. Consequently, absent clinical documentation supporting migraine headaches, Imitrex 50 milligram #9 dispense December 31, 2014 is not medically necessary.