

Case Number:	CM15-0077710		
Date Assigned:	04/29/2015	Date of Injury:	04/10/1998
Decision Date:	07/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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, Illinois

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

The injured worker is a 54-year-old male with an industrial injury dated 04/10/1998. His diagnoses included cervical disk disease and rotator cuff impingement, bilateral. Prior treatment included cervical 4-5 fusion, bilateral rotator cuff repairs, H-wave and medications. He presents on 04/07/2015 with complaints of neck pain. Objective findings are not documented. The provider documents the injured worker will need antispasmodic and anti-inflammatory medications to control pain and inflammation. The treatment plan included muscle relaxants, pain creams, oral pain medications and a request for MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Hysingla (hydrocodone).

Decision rationale: The injured worker sustained a work related injury on 04/10/1998. The medical records provided indicate the diagnosis of cervical disk disease and rotator cuff impingement, bilateral. Prior treatment included cervical 4-5 fusion, bilateral rotator cuff repairs, H-wave and medications. The medical records provided for review do not indicate a medical necessity for Hysingla 40mg #30Hysingla. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Hysingla (hydrocodone) is extended-release (ER) single-entity opioid analgesic hydrocodone bitartrate reported to have abuse-deterrent properties. It is indicated for treatment of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The medical records indicate the injured worker has been using Norco on or before 12/2014, but later the injured worker reported to the emergency room due to unbearable pain as the physician reduced the dose of the Norco. On a follow up visit, the injured worker insisted on continuing with opioids; therefore, the physician added Hysingla to the list of medications. The medication is not medically necessary, as opioid use has exceeded the 70 days, but with no overall improvement. In addition, the official disability Guidelines does not recommend it for first-line use for treatment of acute or chronic non-malignant pain.

Cyclobenzaprine 7.5mg #60: 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: The injured worker sustained a work related injury on 04/10/1998. The medical records provided indicate the diagnosis of cervical disk disease and rotator cuff impingement, bilateral. Prior treatment included cervical 4-5 fusion, bilateral rotator cuff repairs, H-wave and medications. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 7.5mg #60. Cyclobenzaprine is a muscle relaxant. The MTUS non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The recommended dosing of Cyclobenzaprine is 5-10 mg three times daily for 2-3 weeks. The records indicate the injured worker had been using Soma, another muscle relaxant, before this time. This request is not medically necessary.

Terocin patches #30: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 04/10/1998. The medical records provided indicate the diagnosis of cervical disk disease and rotator cuff impingement, bilateral. Prior treatment included cervical 4-5 fusion, bilateral rotator cuff repairs, H-wave and medications. The medical records provided for review do not indicate a medical necessity for Terocin patches #30. Terocin is a muscle relaxant containing Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%, and Lidocaine 2.50%. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol and Lidocaine 2.50% are not medically necessary.

Narcosoft capsule #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Enovachem manufacturing Narcosoft <https://enovachem.us.com/product/narcosoft/>.

Decision rationale: The injured worker sustained a work related injury on 04/10/1998. The medical records provided indicate the diagnosis of cervical disk disease and rotator cuff impingement, bilateral. Prior treatment included cervical 4-5 fusion, bilateral rotator cuff repairs, H-wave and medications. The medical records provided for review do not indicate a medical necessity for Narcosoft capsule #60. Enovachem manufacturing describes it as a Nutritional Supplement containing of a blend of soluble fibers and natural laxatives that may help to relieve symptoms of occasional constipation. The MTUS and the Official Disability Guidelines are silent on it, but the MTUS recommends prophylactic treatment of constipation of individuals on opioids. The requested treatment is not medically necessary, as the Opioid treatment has been determined to be not medically necessary.

Flurbiprofen 20% cream #2: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 04/10/1998. The medical records provided indicate the diagnosis of cervical disk disease and rotator cuff impingement, bilateral. Prior treatment included cervical 4-5 fusion, bilateral rotator cuff repairs, H-wave and medications. The medical records provided for review do not indicate a medical necessity for Flurbiprofen 20% cream #2. Flurbiprofen 20% cream is a muscle relaxant containing Flurbiprofen. The topical analgesics are largely experimental drugs primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Flurbiprofen is not medically necessary.