

Case Number:	CM13-0016413		
Date Assigned:	11/06/2013	Date of Injury:	06/19/2003
Decision Date:	02/11/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old male who reported an injury on 06/19/2003 when a large object was dropped on his head causing injury to the cervical spine. The patient underwent a magnetic resonance imaging (MRI) of the cervical spine that revealed multilevel mild to moderate degenerative disc disease and multilevel neural foraminal narrowing with a small lateral disc protrusion at the C7 through T1. The patient's most recent clinical examination findings included subjective findings that the patient signed and opioid agreement is compliant with medication usage, and did not have any adverse reactions to the medications. Medications included Zanaflex, hydrocodone/acetaminophen, ibuprofen, and aspirin. The most recent clinical evaluation did not provide any abnormal findings related to any of the patient's body systems. The patient's diagnoses included cervical facet syndrome and lumbar radiculopathy. The patient's treatment plan included continued medications and self managed conservative measures to include activity modalities such as heat, rest, ice and massage

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidoderm 5%, #1 box: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Lidoderm (Lidocaine patch)..

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of Lidoderm patches be based on functional benefit and symptom response. The clinical documentation submitted for review does provide evidence that the patient has a reduction in pain from 9/10 to 3/10 with medication usage. The clinical documentation submitted for review does address the activities that are impaired by the patient's daily pain; however, there is no documentation of functional benefit as a result of the medication usage. Therefore, continued use of Lidoderm would not be supported by guideline recommendations. As such, the prospective request for 1 prescription of Lidoderm 5%, 1 box is not medically necessary or appropriate.

1 prescription of Zanaflex 4mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Tizanidine (Zanaflex). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants Page(s): 63.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The California MTUS guidelines recommend the use of muscle relaxants for short courses of treatment for acute exacerbations of chronic pain. The clinical documentation submitted for review does not indicate that this is an acute exacerbation of the patient's chronic pain. Additionally, the requested 90 tablets exceed the recommendation for a short course of treatment. There are no exceptional factors noted within the documentation to extend treatment beyond guideline recommendations. As such, the requested 1 prescription of Zanaflex 4 mg #90 is not medically necessary or appropriate.

Hydrocodone/Acetaminophen 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend the continued use of opioids for management of a patient's chronic pain be supported by a quantitative pain assessment, specific examples of functional improvement, managed side effects, and evidence of monitoring the patient' for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has pain relief from the current medication schedule as the patient has pain rated 3/10 with medications and 9/10 without medications. Additionally, it is noted within the documentation that the patient has an opioid contract with the treating physician. However,

there is no documentation of functional benefit or evidence of how the patient is monitored for aberrant behavior. As such, the prospective request for 1 prescription of hydrocodone/acetaminophen 10/325 mg #90 is not medically necessary or appropriate.