MAXIMUS Federal Services

Case Number:	CM13-0021998		
Date Assigned:	09/08/2014	Date of Injury:	04/23/2008
Decision Date:	11/12/2014	UR Denial Date:	09/01/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/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 injured worker is a 55 year old male. He has a date of injury of 04/23/2008, the mechanism of injury was a fall. His relevant diagnoses are chronic pain syndrome, status post cervical spine surgery times 2 with persistent pain, cervicobrachial syndrome, bilateral shoulder adhesive capsulitis. His past treatments include 12 post-operative therapy visits, TENS unit, cognitive behavioral therapy and psychiatric treatment. His pertinent diagnostics include an MRI of the cervical spine on 8/5/2008, CT of the cervical spine on 6/18/2010, MRI of the cervical spine on 07/09/10, MRI of cervical spine on 08/06/2009, MRI of the cervical spine on 05/16/2011.His pertinent surgeries include a cervical spine surgery on 04/21/2009, and a second cervical spine surgery on 11/29/2010. Subjective complaints include complaints of pain. The physician records the injured worker's description of pain as constant which he rates at a 10. His relevant medications are Zanaflex 4mg, Lidoderm patch 5%, and Doxepin 10mg. There is no treatment plan, rationale for the request or Request for Authorization Forms included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: The request for Zanaflex 4mg, #15 is not medically necessary. The injured worker had a cervical spine injury without noted complaints of muscle spasm. The California MTUS states zanaflex is approved for management of spasticity; unlabeled use for low back pain.. There is no frequency indicated for this medication. Subsequently, the request is not medically necessary. The efficacy of the medication was not established in the medical records through proper pain scales and increases in functional ability. As such, the request is not certified.

LIDODERM PATCH 5%, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm Patch 5%, #60 is not medically necessary. The injured worker has complaints cervical pain. The California MTUS guidelines recommend topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Although the injured worker is on Doxepin (a tri-cyclic antidepressant), there is no indication from the medical record that this medication has helped with pain control. Lidoderm Patches are not a first-line treatment and is only approved for post-herpetic neuralgia. There is no record of failure of first line treatments or of complaints of neuropathic pain. There is no frequency listed in the request for this medication. Therefore, the request is not medically necessary.

DOXEPIN 10MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation epocrates.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants Page(s): 15.

Decision rationale: The request for Doxepin 10MG, #90 is not medically necessary. The injured worker has complaints of cervical spine pain. The California MTUS guidelines state that tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Tri-cyclic antidepressants are considered a first-line treatment for neuropathic pain. However, the injured worker has not had a recorded complaint of neuropathic pain. The efficacy of the medication has not been established through proper pain scales and increases in functional ability. In order to have a correct medication request,

frequency of medication must be included and it is not included in this request. Consequently, the request is not medically necessary.