MAXIMUS Federal Services

Case Number:	CM13-0044567		
Date Assigned:	03/03/2014	Date of Injury:	04/25/2003
Decision Date:	05/13/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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 Occupational Medicine and is licensed to practice in Maryland. 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 patient is an employee of [redacted] and has submitted a claim for cervical disc displacement associated with an industrial injury date of April 25, 2003. The treatment to date has included left carpal tunnel release, physical therapy, home exercise program, ACDF, right shoulder surgery, right trigger thumb release, trigger point injections, and opioid and non-opioid pain medications. The utilization review from October 22, 2013 approved the request for VICODIN 5/500MG (60) due to functional and analgesic effects and denied LIDODERM 5% PATCH (60) due to no evidence of post herpetic neuralgia and trigger point injection to the bilateral trapezius muscles due to no evidence of twitch response with localized muscular pain. The medical records from 2013 through 2014 were reviewed showing the patient complaining of chronic axial neck pain. There is also complaints of radiation of the pain inot the upper extremities with numbness and tingling. The pain affects movement of the head and is aggravated with range of motion. There were also complaints of spasms in the bilateral rhomboid muscles. The pain is rated at 8/10 with medications and 10/10 without medications. The patient has an increased ability to perform self-care with bathing, light household chores, cooking, cleaning, and light exercise/stretching. Without medications, the patient has a significant reduction of functional ability. There was noted no evidence of drug-seeking behavior. Pain contract was in place and the patient has been compliant. On examination, the patient's cervical spine was noted to have tenderness over the facets and surrounding musculature. Range of motion for the cervical spine was noted to be restricted. There was decreased sensation over the C5 and C6 dermatomes bilaterally. Trigger points were not noted in the trapezius in the physical exams. Urine drug screen from March 2013 did not detect controlled substances; the patient reported that he does not take his medication routinely and

takes it on an as needed basis. The November 2013 urine drug screen likewise did not detect controlled substances; an explanation was not in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG (60): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Vicodin as early as March 2013. The patient reports of functional gains with activites of daily living. However, urine drug screens have been inconsistent with prescribed medications on more than one occasion. The patient reports that he takes medications only on an as needed basis. Given the irregular nature, the amount of medications remaining with the patient cannot be ascertained. Therefore, the request for Vicodin is not medically necessary.

LIDODERM 5% PATCH (60): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is 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). In this case, the patient has been taking Lidoderm patches since March 2013. The patient has failed Gabapentin due to adverse effects. However, there is no evidence in the documentation that the patient failed other first line medications such as Lyrica or an antidepressant. Therefore, the request for Lidoderm is not medically necessary.

TRIGGER POINT INJECTIONS BILATERAL TRAPEZIUS MUSCLES(4): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: As stated on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended for myofascial pain syndrome with evidence of circumscribed trigger points and positive twitch response with pain. In this case, the patient previously had trigger point injections. However, the specific functional gains from previous injections were not indicated. In addition, the physical exam did not demonstrate circumscribed trigger points with twitch response and pain in the trapezius muscles. Therefore the request for trigger point injections for the bilateral trapezius muscles are not medically necessary.

DENDRACIN (120): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommend is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Dendracin contains Methyl salicylate/capsaicin 0.0375%/Menthol. The California MTUS states that there are no current indications for a capsaicin formulation of 0.0375%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor however, any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, the patient has been using Dendracin as early as March 2013. This compound medication is not supported by guidelines and there is no discussion concerning the need for variance from the guidelines or failure of oral medications. Therefore the request for Dendracin is not medically necessary.

TEEMAZEPAN 15MG (30): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are used for their sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effect and are not recommended for long-term use because

of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, the patient started taking this medication in November 2013 for insomnia. However, there was no discussion concerning the patient's sleep hygiene and counseling before the prescription of this medication. Therefore the request for Temazepam is not medically necessary.