

Case Number:	CM13-0055154		
Date Assigned:	06/09/2014	Date of Injury:	07/14/2007
Decision Date:	07/15/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 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 a 48-year-old female who has filed a claim for neck sprain and cervical degenerative disc disease associated with an industrial injury date of July 14, 2007. Review of progress notes indicates pain in the neck going into the right shoulder and head. Patient reports inability to perform any kind of activity. Findings include limited cervical range of motion, decreased range of motion of the right shoulder, decreased strength in the right upper extremity, tenderness of the trapezii and scapular regions, and mild swelling over the right shoulder blade. Right shoulder MRI dated October 18, 2013 showed minimal subacromial and subdeltoid fluid, minimal glenohumeral effusion, and supraspinatus tendinopathy. Cervical MRI dated October 18, 2013 showed mild retrolisthesis at C5-6 with small disc protrusion and mild narrowing of the central canal. At this level, the right neuroforamen appears moderately narrowed. Treatment to date has included NSAIDs, opioids, ice and heat patches, anti-depressants, and muscle relaxants. Utilization review from October 21, 2013 denied the requests for Silenor 6mg #30, Icy Hot 5% #15, Pennsaid 1.5% #150, Lidocaine 5% (700mg) #60, and Tizanidine HCl 4mg #120 as progress notes do not discuss the rationale for these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SILENOR 6MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: Indications and Usage.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Medication Guide: Silenor Tablets).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Silenor is a hypnotic medication used to treat people with insomnia. Patient has been on this medication since at least March 2014. There is no documentation regarding sleep difficulty in this patient to support this request. Therefore, the request for Silenor 6mg #30 was not medically necessary.

ICY HOT 5% #15: 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 Salicylates Page(s): 105, 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. In this case, the patient presents with chronic pain complaints. However, with a 2007 date of injury, detailed assessment of ongoing efficacy and response to previous topical salicylate therapy should be documented. It is unknown to what extent the patient has obtained relief with previous IcyHot therapy. Therefore, the request for Icy Hot 5% #15 was not medically necessary.

PENNSAID 1.5% #150: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Pennsaid).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. FDA indicates that Pennsaid topical solution contains Diclofenac. It is used to treat pain in the knees caused by osteoarthritis. It may not be effective in treating arthritis pain elsewhere in the body. This patient has been on this medication since July 2013. In this case, the patient complains of pain symptoms of the cervical spine and right shoulder. There is no indication for use of this medication. Therefore, the request for Pennsaid 1.5% #150 was not medically necessary.

LIDOCAINE 5% (700MG) #60: Upheld

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

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

Decision rationale: As stated on pages 56-57 in the CA MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED such as Gabapentin or Lyrica). Patient has been on this medication since July 2013. In this case, there is no documentation regarding use of first-line therapy prior to use of this medication. Therefore, the request for Lidocaine 5% #60 was not medically necessary.

TIZANIDINE HCL 4MG #120: 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): 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since July 2013. Patient reports nausea with use of this medication, and would like to discontinue its use. There is no documentation regarding recent acute exacerbations of pain. Also, this medication is not recommended for long-term use. Therefore, the request for Tizanidine HCl 4mg #120 was not medically necessary.