

Case Number:	CM13-0056454		
Date Assigned:	07/02/2014	Date of Injury:	09/20/1999
Decision Date:	08/08/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Family 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:

This injured worker's date of injury is 09/20/1999. The treating physician in the note dated 11/01/2013 reports the patient has chronic neck and bilateral shoulder pain. The patient underwent cervical fusion in the past and an CT/MRI imaging showed loosening of screws. The patient also had shoulder operations in the past (details not mentioned). Her medications used for pain include: Flexiril, omeprazole, Norco, and Lidoderm patches. She had TENS unit treatment in the past. On exam there is exquisite tenderness over the paraspinal (sp?) region. There is full ROM. Spurling's maneuver is positive. The medical diagnoses include: Degeneration cervical disc, pain in shoulder joint, and major depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5 PERCENT PATCH 700 MG/#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics.

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

Decision rationale: Lidoderm patch is a topical analgesic formulated to be used in a special dermal release system. It is FDA approved to treat neuropathic pain, after a trial of a first-line

agent (anti-depressant or AED). For non-neuropathic pain, Lidoderm is not recommended. Based on the documentation, Lidoderm is not medically necessary.

NORCO 10/325MG 1 TAB TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-96.

Decision rationale: Chronic opioid therapy exposes the patient to a number of potentially harmful outcomes, including opioid hyperalgesia, addiction, and dependence. Addiction and misuse may run as high as 30% of users. Treatment guidelines suggest monitoring for the presence of increasing levels of pain, which may be a direct result of chronic opioid treatment. Documentation of screening efforts for addiction is necessary. Written consents for opioid therapy are also recommended. Documentation of functional improvement is necessary as is documentation of drug side effects: dizziness, constipation, nausea or vomiting. Based on the documentation, Norco is not medically necessary and appropriate.

FLEXERIL 10MG 1 TAB BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Flexiril (cyclobenzaprine) is considered an antispasmodic and is medically indicated to treat muscle spasm for a short course of therapy. Its major method of action is its sedating effect on the central nervous system. This medication is not indicated for long-term use, as it has not proven to be effective in managing chronic pain and it exposes the patient to its sedative side effects. Therefore, the request for Flexeril 10mg 1 tab bid #60 is not medically necessary and appropriate.