

Case Number:	CM13-0058766		
Date Assigned:	06/11/2014	Date of Injury:	12/14/2009
Decision Date:	07/17/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	11/27/2013

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 and is licensed to practice in Texas. 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 44 year old female who sustained an injury on 12/14/09. No specific mechanism of injury was noted. Rather, this was a cumulative trauma injury where she developed complaints of right sided neck pain which spread to the opposite side of the cervical spine and radiating into the right wrist. Treatment has included acupuncture therapy as well as psychological treatment for chronic pain associated major depressive disorder. Medications have included Abilify, Pristiq, and Wellbutrin. The clinical evaluation on 10/14/13 noted the injured worker was receiving benefits from the use of Pristiq in regards to depressive symptoms. The injured worker did report up to 60-70% relief for 6-8 weeks following acupuncture therapy which had allowed the injured worker to discontinue the use of Hydrocodone and Tramadol during acupuncture therapy sessions. Ongoing benefits were reported with the use of acupuncture therapy. As of this visit, medications included Phenergan, topical Dendracin cream, Hydrocodone 10/300mg, Cyclobenzaprine 7.5mg, Tizanidine 2mg, Norco 10/325mg, Colace, Promethazine, Lexapro, Abilify, and Lidoderm patches. Physical examination noted a non-antalgic gait. There was restricted range of motion in the cervical spine with guarding present. The injured worker was continued on prescription medications to include Colace, Senokot, Norco, Tizanidine, Nexium, Promethazine, and Lidoderm patches. Acupuncture was also recommended. Follow up on 11/20/13 indicated the injured worker was developing nausea and heartburn after utilizing Hydrocodone. The injured worker also reported benefits from Lidoderm Patches that allowed her to take less oral medications. Physical examination findings were essentially unchanged at this evaluation. The requested Colace 100mg, quantity 60, Tizanidine 2mg, Nexium DR 20mg, quantity 60, Promethazine 12.5mg, quantity 30, and Lidoderm patches 5%, quantity 60 were all denied by utilization review on 11/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100MG BID #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the PDR Reference 2013 and www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Colace. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the request for Colace 100mg, quantity 60, this reviewer would have recommended this medication as medically necessary based on review of the clinical documentation provided. The injured worker was noted to be utilizing multiple narcotic medications to include Norco. A known side effect from ongoing narcotics use is the development of constipation. Colace would be prescribed to avoid this side effect and would have been considered medically necessary. In review of the prior utilization report on 11/25/13, this medication was recommended for certification. Therefore, it is unclear why this medication was denied to the injured worker. Given the injured worker's narcotic medication usage, this reviewer would have recommended this request as medically necessary.

TIZANIDINE 2MG-4 TABS QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approval, (Malanga, 2008), (Chou, 2007), (Malanga, 2002).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Tizanidine 2mg daily, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the request is non-specific in regards to duration or quantity. Therefore, this reviewer would not have recommended ongoing use of this medication.

NEXIUM DR 20MG BID #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the request for Nexium DR 20mg, quantity 60, this reviewer would have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker did report heartburn side effects with the use of multiple oral medications. Given the development of gastric side effects from oral medication use, Nexium as a proton pump inhibitor would have been medically appropriate per guidelines. Therefore, this reviewer would have recommended this medication as medically necessary.

PROMETHAZINE 12.5MG 1 QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the PDR Reference 2013 and www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter, Anti-emetics.

Decision rationale: In regards to the request for Promethazine 12.5mg, quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review as well as current evidence based guidelines. Guidelines do not recommend continuing use of antiemetic medications to counteract side effects from oral medications to include narcotics. Rather, guidelines do recommend that there be an alteration of the injured worker's medications to avoid nausea and vomiting symptoms. There is no indication that this has been attempted in the past given the injured worker's noted multiple medications being prescribed. Therefore, this reviewer would not have recommended this request as medically necessary.

LIDODERM PATCHES 5% 1-2 PATCHES TOPICALLY 12 HOURS ON 12 HOURS OFF #60: Upheld

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

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

Decision rationale: In regards to the request for Lidoderm Patches 5%, quantity 60, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Per guidelines, Lidoderm Patches can be considered an option in the treatment of neuropathic pain that has failed 1st line medications such as antidepressants or anticonvulsants. The injured worker's physical examination findings did not identify any specific evidence for neuropathic symptoms in the upper or lower extremities that would have reasonably supported the use of

Lidoderm Patches. Although the clinical documentation did indicate that this topical medication was effective, there is insufficient evidence regarding ongoing neuropathic findings that would support its use. There was also no documentation regarding failure of other conservative medications for neuropathic symptoms such as antidepressants or anticonvulsants which would meet guideline recommendations regarding this topical analgesic. Therefore, this reviewer would not have recommended this medication as medically necessary.