

Case Number:	CM13-0061343		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2003
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

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 physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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 58-year-old male who reported injury on 04/25/2003. The mechanism of injury was noted to be the patient was pushing some boxes through a conveyor belt. The patient's medication history as of 05/2013 included Dendracin lotion, Vicodin 5/500, and Lidoderm patches. The patient had a right shoulder arthroscopy x2 and a left shoulder arthroscopy, with the most recent surgery being 11/30/2012. The patient had an anterior cervical discectomy and fusion from C4-7 on 10/02/2009. The patient underwent a left carpal tunnel release on 11/30/2012 and a right carpal tunnel release and right thumb trigger finger release in March of 2011. The request was made for a 30 day trial of temazepam on 08/21/2013. The documentation of 11/14/2013 revealed the patient had pain of the cervical spine with radiation into both extremities, right greater than left. It was indicated that the patient's insomnia improved with temazepam. The patient was noted to continue with Vicodin 5/500 two to 3 per day as needed for breakthrough pain, and to continue with Lidoderm patches for neuropathic pain in addition to Dendracin lotion as both medications were beneficial as adjuncts to the current medication regimen. The patient rated his pain as a 6 to 7 with medication, and without medication a 10/10. The patient indicated approximately 40% improvement in pain symptoms with prescribed medications. He noticed an improvement including the improved ability to participate in activities of daily living and use his upper extremities with currently prescribed medications. Without medications, the patient indicated they had a significant reduction in functional ability, as well as a decrease in quality of life. It was indicated the patient showed no evidence of drug seeking behavior and previous urine drug screens showed compliance with medications. The patient has signed an opioid agreement. The patient's diagnoses were noted to include status post anterior cervical discectomy and fusion C4-7 on 10/02/2009 with residuals, status post right shoulder arthroscopy x2, impingement syndrome, rotator cuff tear left shoulder status post

surgery on 11/30/2012, right carpal tunnel syndrome mild based on EMG/NCS on 04/30/2013, status post right carpal tunnel release, status post left carpal tunnel release 11/30/2012, and status post right thumb trigger finger release on 03/10/2011. The treatment plan was noted to include a cervical epidural steroid injection under fluoroscopic guidance, discontinuation of temazepam, continuance of Dendracin and Lidoderm, and increase Vicodin as the physician indicated the patient showed improvement with function as well as improvement with pain with Vicodin. The patient was noted to have no side effects with Vicodin. As the patient was on temazepam and it is not indicated for long term use, the patient would be changed to trazodone

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the Visual Analog Scale (VAS) score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient had been taking the medication since 05/2013. The clinical documentation submitted for review indicated the patient had a decrease in the VAS score and evidence that the patient was being monitored for aberrant drug behavior. However, while the patient indicated that without medications, they had a significant reduction in functional ability, as well as a decrease in quality of life, there was a lack of documentation of objective measureable improvement in function. Given the above, the request for 60 Vicodin 5/500mg is not medically necessary.

LIDODERM 5% PATCHES, #60: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic Final Determination Letter for IMR Case Number CM13-0061343 4 or serotonin norepinephrine reuptake inhibitor antidepressants or an Anti-Epileptic Drugs such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The patient had been taking the medication since 05/2013. The clinical documentation submitted for review indicated the

patient had neuropathic pain. The clinical documentation submitted for review indicated the patient had a decrease in the VAS score. However, while the patient indicated that without medications, they had a significant reduction in functional ability, as well as a decrease in quality of life, there was a lack of documentation of objective measureable improvement in function. There was a lack of documentation indicating the patient had a trial and failure of a first line therapy. Given the above, the request for 60 Lidoderm 5% patches is not medically necessary.

TEMAZEPAM 15MG, #30: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The patient had been taking the medication since 08/2013. The clinical documentation submitted for review failed to indicate objective measureable functional improvement on the medication. Additionally, the physician indicated that the medication would be stopped as long term use was not permitted. Given the above, the request for 30 Temazepam 15mg is not medically necessary.

DENDRACIN LOTION, 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics Page(s): 105, 111.

Decision rationale: California MTUS indicates that topical salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Per the online drug insert, Dendracin includes methyl salicylate, benzocaine, and menthol, and it is used for temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The clinical documentation submitted for review indicated the patient had been on the medication since 05/2013. There was a lack of documentation of objective measureable functional improvement with the medication. There was a lack of documentation indicating the patient had trialed and failed antidepressants and anticonvulsants. Given the above, the request for 120ml of Dendracin lotion is not medically necessary.