

Case Number:	CM13-0069261		
Date Assigned:	01/03/2014	Date of Injury:	09/08/2006
Decision Date:	05/29/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 56-year-old female who reported an injury on 09/08/2006. The mechanism of injury was the injured worker was in the parking lot in the process of trying to leave from work when she stumbled over a branch that had fallen to the pavement parking lot. The injured worker fell on both hands and on her left side. The injured worker had been treated with medications and several epidural steroid injections as well as physical therapy. The documentation of 01/21/2013 revealed the injured worker had been on methadone 10 mg twice a day, Norco twice a day as needed, Xanax as needed, Flexeril as needed, Lunesta, and Nexium as well as OxyContin and Cymbalta since 2007. The injured worker's diagnoses included cervical spondylosis, cervical and thoracic pain, spinal/lumbar degenerative disc disease, spasm of muscle, and mood disorder other DIS. The documentation of 11/21/2013 revealed the injured worker's pain was a 4/10. The injured worker reported no change in the location of pain and no new problems or side effects. The quality of sleep was fair. The injured worker indicated the medications were working well and the side effects include constipation. The injured worker indicated she had been prescribed Lidoderm patches, Nexium, and Senokot in the past from her previous pain management provider. The injured worker was requesting refills on the medications as she took them on an as needed basis and was out of the medications. The injured worker indicated Lidoderm patches help relieve her back pain, decreasing the pain from a 7/10 to 3/10. The injured worker underwent a lumbar spine laminectomy in 1986. The treatment plan included acupuncture, TENS, cognitive behavioral therapy, a new prescription including Lidoderm patches for topical relief, Nexium 40 mg for GI distress due to medication use, and Senokot for constipation as well as methadone, Norco, Skelaxin, Xanax, and Lunesta. The documentation indicated the injured worker was stable on the medication regimen and had not changed essential regimen in greater than 6 months. Function and activities of daily living

improved optimally on current dose of medication and a pain agreement was briefly reviewed with the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

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

Decision rationale: The 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 (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The clinical documentation submitted for review indicated the injured worker had previously utilized Lidoderm. The injured worker indicated Lidoderm patches helped relieve back pain and that pain was reduced from a 7/10 to 3/10. The clinical documentation submitted for review however, it failed to indicate objective functional benefit that was received from the medication. Given the above, the request for Lidoderm 5% every day #30 is not medically necessary.

NEXIUM DR 40MG CAPSULE QD #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had previously trialed Nexium and found it to be effective. However, there was a lack of documentation indicating the injured worker had signs or symptoms of dyspepsia. Given the above, the request for Nexium DR 40 mg capsule every day #30 is not medically necessary.

SKELAXIN 800MG 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 Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for longer than 2 months. There was a lack of documentation of objective functional improvement. The objective physical examination failed to indicate the injured worker had objective findings that would support the necessity for a muscle relaxant. Given the above, the request for Skelaxin 800 mg twice a day #60 is not medically necessary.

XANAX 1 MG QD #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines as a treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiologic dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for an extended duration of time. There was a lack of documentation of objective functional benefit. Given the above, the request for Xanax 1 mg every day #30 is not medically necessary.