

Case Number:	CM13-0071107		
Date Assigned:	01/08/2014	Date of Injury:	01/24/2013
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 36 year old male who was injured on 01/24/2013 when he fell at work from some height. Prior treatment history has included CBT since 11/11/2013. He is not taking any medications as he reports he has gastritis and he is only using topical cream. Diagnostic studies reviewed include EMG/NCV performed on 11/02/2013 revealed cervical radiculopathy (right sided in C6, C7). PR2 dated 01/07/2014 documented the patient to have continued pain in his left shoulder. He is only having minimal pain in his neck and back. He primarily uses topical analgesic to control his pain. He takes oral medication when his pain is increased. Objective findings on exam revealed he is tender to palpation. He has minimal tenderness to palpation over the lumbar paraspinal. He is tender to palpation over the anterior left shoulder and he has minimal tenderness to palpation of the cervical paraspinal muscles with hypertonicity. The patient was diagnosed with contusion of the back, contusion of the shoulder, contusion of the knee, contusion of the wrist, cervical/thoracic DDD and cervical radiculopathy. The patient has significant medication with no reported side effects. PR2 dated 01/03/2014 indicated the patient has a pain level of 5 out of 10. He has continued pain in his left shoulder. He stated Trazodone 50 mg is very helpful for managing his insomnia. No symptom changes since last visit. Objective findings revealed exam is unchanged from PR2 note 11/07/2014. The patient received a refill on Lidopro ointment for topical analgesic. He was instructed to continue his Trazodone 50 mg 1 p.o. q. h.s. p.r.n. for insomnia and very helpful. PR2 dated 12/13/2013 documented the patient's pain level is 4/10. The patient indicated continued pain in the neck, low back, and left shoulder. His pain worsen with ADLs. He has been using TENS regularly. Omeprazole 20 mg is helpful for managing his stomach upset; Trazodone 50 mg for sleep and helpful mildly. PR2 dated 11/27/2013 is essentially unchanged from exam 12/13/2013. The patient indicated he has been using a TENS regularly. He started having CBT with [REDACTED] since 11/11/2013 and

was helpful. PR2 dated 11/04/2013 is essentially unchanged from exam 11/27/2013. He did indicate that he had sleep issues as he did not receive Trazodone 50 mg from the pharmacy. The patient was instructed to self TPT and continue with self care, home exercise program and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Medicine & Rehabilitation, 3rd Edition, 2007. Chapter 20: Manipulation, Traction, and Massage, pages 437 - 458.

Decision rationale: The guidelines state there is no high-grade scientific evidence to support the effectiveness or improvement in function through the use of passive physical modalities, such as traction. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. The medical records do not establish this device is medically necessary for the management of this patient's complaints. At this juncture, focus should be placed on utilization of a self-directed exercise/stretching program, which would not require use of extraneous equipment. Based on the lack of support for this modality, the request is non-certified.

Retrospective request for prescription of Lidopro topical ointment 4 oz, dispensed on 11/27/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112.

Decision rationale: This product is a topical compound containing lidocaine, capsaicin, menthol, and methyl salicylate. Based on the documented subjective complaints and objective examination findings, the medical records do not establish this patient has neuropathic pain. According to the guidelines, only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an Anti-Epilepsy Drugs (AEDs). such as gabapentin or Lyrica). Regardless, the guidelines state no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Only Food and Drug Administration (FDA)-approved products are currently recommended. Topical lidocaine is not recommended for non-neuropathic pain. Furthermore, capsaicin is only

recommended as an option in patients who have not responded or are intolerant to other treatments. The medical records detail use of oral medications, Cognitive-Behavioral Therapy (CBT), Transcutaneous electrical nerve stimulation (TENS) unit and exercise, consequently failure or intolerance to other treatments is not demonstrated. The medical necessity of this topical product is not established, and therefore the request is non-certified.

Prescription of Trazodone 50mg, no frequency or quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Pain Chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia. Additionally, Other Medical Treatment Guideline or Medical Evidence: Trazodone <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a681038.html#why> Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition,

Decision rationale: According to the guidelines, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. The guidelines state sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have been used to treat insomnia; however, there is less evidence to support their use for insomnia. The medical records document the patient's medication history includes Trazodone for sleep. Continued use of an anti-depressant as a sleep aid is not supported by the guidelines. The medical records do not provide adequate details pertaining to the patient's sleep complaint. Prolonged use of medications as a sleep aid is not generally recommended or supported by the medical literature. His utilization of good sleep hygiene methods are not outlined. Therefore this request is non-certified.