

Case Number:	CM14-0009513		
Date Assigned:	02/14/2014	Date of Injury:	09/02/2003
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old female who reported an injury on September 2, 2003 secondary to an unknown mechanism of injury. The injured worker was evaluated on December 18, 2013 for reports of neck pain rated at 6/10. She described her pain as stiff and achy radiating to the bilateral upper extremities. The injured worker also indicated she is having difficulty opening water bottle lids and the right upper extremity getting weaker. The exam noted spasms to the cervical paraspinal muscles and stiffness to the cervical spine. The cervical spine range of motion was noted at 45 degrees for forward flexion, 50 degrees for extension and 45 degrees for side bending and rotation. There is decreased sensation to the right C6 and C7 dermatomes. The diagnoses include right cervical radiculopathy, status post cervical fusion, chronic neck pain, depression and anxiety, and bilateral shoulder pain. The treatment plan included continued medication therapy including Ultram for pain control, Skelaxin for muscle pain and spasms, Lidoderm and Flector patches for superficial pain and inflammation. The Request for Authorization was not found in the documentation provided. The rationale for the requests was documented in the office notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM ER 100 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR USE OF OPIOIDS, 76-80

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. Therefore, based on the documentation provided, the request is not medically necessary.

SKELAXIN 800 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN), 63-66

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

Decision rationale: The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided indicates the injured worker has been prescribed muscle relaxants since at least August 23, 2013. This timeframe exceeds the timeframe to be considered short term. Therefore, the request is not medically necessary.

LIDODERM PATCH 5% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

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

Decision rationale: The California MTUS may recommend Lidoderm for localized peripheral pain due to posttraumatic neuralgia, after there has been evidence of a trial of first line therapy of antidepressants or antiepileptics. There is a significant lack of evidence of a trial of first line therapy of antidepressants or antiepileptics and a lack of a diagnosis of herpetic neuralgia. Therefore, based on the documentation provided, the request is not medically necessary.

FLECTOR PATCH 1.3 % #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

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

Decision rationale: The California MTUS Guidelines state topical NSAIDs have been shown in a meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not after, or with a diminishing effect over another 2 week period. Therefore, based on the documentation provided, the request is not medically necessary.