

Case Number:	CM14-0107042		
Date Assigned:	08/01/2014	Date of Injury:	06/27/2011
Decision Date:	10/08/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/10/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 45 year old employee with date of injury of 6/27/2011. Medical records indicate the patient is undergoing treatment for axial neck pain and upper back pain due to chronic strain of the cervical paraspinals as well as bilateral rhomboids; low back pain due to radiation from the coccydynia and pain in lumbar spinals and bilateral shoulder pain due to impingement. Subjective complaints include constant pain in neck and bilateral shoulders, rated at a 7/10 for pain. Her low back pain is not as bad as the shoulder pain. She has right shoulder pain since she overcompensates due to left shoulder pain. She complains of spasms in her arms Tramadol and MS Contin have reduced pain and flexeril reduces the intensity of the spasms. She does get tingling in her bilateral arms and her symptoms make it difficult to do daily tasks. Her pain will increase after sitting for 30 minutes, standing for 50 and walking for 45. Her pain causes insomnia and depression. Objective findings include neck extension to 15 degrees, flexion to 20. Her left upper extremity abducts to 130 degrees. Her lumbar extension is to 15 degrees and flexion to 40 degrees. Treatment has consisted of TENS, MS Contin, Tramadol, Naproxen, Flexeril, Mirtazaprine, Remeron, Protonix and LidoPro. The utilization review determination was rendered on 6/16/2014 recommending non-certification of Lidoderm patch %, #60 and Naproxen 550mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine is not recommended. ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain: 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)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request for Lidoderm patch 5%, #60 is not medically necessary.

Naproxen 550mg, #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs (non-steroidal a.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain.2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP.3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics.4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm

neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Progress notes do not indicate how long the patient has been on Naproxen, evidence of functional improvement, and a decrease in symptoms. The use of this medication appears to be chronic, as it was previously requested on 2/6/14. MTUS guidelines recommend against long-term use. The treating physician has not provided medical documentation to meet MTUS guidelines at this time. As such, the request for Naproxen 550mg, #60 is not medically necessary.