

Case Number:	CM14-0010591		
Date Assigned:	02/21/2014	Date of Injury:	12/07/2007
Decision Date:	08/21/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/27/2014

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 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:

This is a 56-year-old woman with date of injury of 12/7/2007. According to 1/6/2014 medical-legal re-evaluation report by [REDACTED], she suffered upper extremity cumulative strain injury from computer use at work starting in 2003, with progressive symptoms to include pain in head, neck, elbows and hands. She had physical therapy, chiropractic care, medications, epidural injection, cervical facet injection, and left medial epicondyle injection. She worked at modified duty since 1/2009. She was declared permanent and stationary in neck and upper extremity complaints and headache. She reported receiving medications from [REDACTED]. Patient had biofeedback in [REDACTED] and addressed ergonomic needs and taught muscle relaxation. She also had acupuncture in 2012 with 1-2 week benefit only and then pain recur. Medications include voltaren gel, Lyrica, Endocet, pantoprazole, Norco. TENS machine is also used. She works 32 hours/week as customer service representative. 8/23/2013 progress note from [REDACTED] stated jacuzzi helps with pain. She works full-time with increased pain. She uses Dendracin lotion in daytime to be functional. She received prescription for Norco, Percocet, Lyrica, Priolosec, and Flexeril. Continue hot/cold therapy, home stretching and strengthening exercise. She received cervical pillow. Physical exam showed moderate to severe spasm over upper trapezius, sternomastoid and scalene muscles. Current/future medical care include physician visits, topical medications to spare opiates such as voltaren gel, salicylate cream and capsaicin cream, cymbalta, biofeedback, cognitive behavioral psychotherapy. 5/6/13 electrodiagnostic study was normal. 5/3/13 cervical spine MRI showed multilevel disc protrusion and disc osteophyte complexes causing mild spinal canal stenosis. 1/6/14 Utilization management report by [REDACTED] Physical Medicine and Rehab noncertified flexeril because there is no documentation of muscle spasm. Lidopro was non-certified because there is no clear documentation as to why a prescription topical LidoPro, an agent that is

unproven as effective treatment, is needed as opposed to OTC topical agent. 1/7/14 Pre-Authorization report by [REDACTED] recommend adverse determination to Norco, Percocet, Lyrica, Protonix, Flexeril, LidoPro. The medical necessity of opioids and muscle relaxants are not established because there was no significant objective physical exam or diagnostic work-ups to account for pain condition requiring opioids like Norco and Percocet, and no documentation of muscle spasm for Flexerils. Lyrica is indicated for post-herpetic neuralgia and diabetic polyneuropathy. There are few RCTS directed at central pain and none for painful radiculopathy. If multiple medication management is not supported, Protonix is not supported to treat stomach upset from taking medications. For PPI, omeprazole and lansoprazole are first line while Protonix is second line. Topical analgesics are largely experimental with few RCTs. There is no clear documentation as to why a prescription topical LidoPro, an agent that is unproven as effective treatment, is needed as opposed to OTC topical agent. 1/21/14 RFA by [REDACTED] stated that the patient presented with constant neck pain 8/10. Norco and Percocet decreases pain to 4/10, making pain more manageable and allowing her to be more functional in day work. She uses Flexeril to help with spasm, and Lyrica to help with numbness and tingling. She works 32 hours full time in customer service with modified schedule. She has sleep difficulty, feels depressed, and use hot and cold modalities. She has history of hypertension and diabetes. She has headache. Objective finding include blood pressure 152/95, pulse 70, neck extension to 15 degrees and flexion to 20 degrees. 5/3/13 cervical spine MRI shows multilevel disc disease from C3-4 to C6-7, with mild bilateral foraminal narrowing and canal stenosis. 4/29/13 EMG/NCV is normal. Diagnosis include chronic neck pain with referred pain in upper extremities and chronic headache. Treatment plan is to appeal denials for Norco, Percocet, Lyrica, Flexeril, Protonix, and LidoPro. She received TENS pad that has been approved. 3/8/13 Report by [REDACTED] stated that the patient presented with neck pain, sleep difficulty, and depressed feeling. She use hot/cold/TENS unit as pain management. She has history of hypertension and diabetes. Blood pressure is 137/98 and pulse is 73. She has tenderness when turning neck from side to side. Diagnoses include cervicogenic headaches, neck pain with referred pain down upper extremities due to muscle tightness, impingement syndrome bilaterally, right greater than left. Treatment include to see [REDACTED] concerning P&S, awaiting authorization for PT extension, continue hot/cold/TENS pain management, Norco, Lyrica, Percocet, Dendracin lotion, Flexeril, Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or

improved quality of life. The 1/21/14 RFA by [REDACTED] stated that the patient presented with constant neck pain 8/10. Norco and Percocet decreases pain to 4/10, making pain more manageable and allowing her to be more functional in day work. However, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for chronic neck pain or neuropathic pain as a first line treatment. The 3/8/13 Report by [REDACTED] is the earliest medical record documenting the prescription of Norco and Percocet. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the medical necessity of Norco has not been established. Given the above the request is not medically necessary and appropriate.

Percocet 10/325 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 1/21/14 RFA by [REDACTED] stated that the patient presented with constant neck pain 8/10. Norco and Percocet decreases pain to 4/10, making pain more manageable and allowing her to be more functional in day work. However, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for chronic neck pain or neuropathic pain as a first line treatment. The 3/8/13 Report by [REDACTED] is the earliest medical record documenting the prescription of Norco and Percocet. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the medical necessity of Percocet has not been established. Given the above the request is not medically necessary and appropriate.

Lyrica 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 19-20.

Decision rationale: As per CA MTUS, Lyrica is effective in treatment of diabetic neuropathy and postherpetic neuralgia. In the 1/21/14 RFA by [REDACTED], diagnosis include chronic neck pain with referred pain in upper extremities and chronic headache. The patient does not have the diagnoses listed in the guidelines; therefore, the medical necessity of Lyrica is not established. Given the above the request is not medically necessary and appropriate.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk Page(s): 68.

Decision rationale: According to CA MTUS, Protonix (Pantoprazole); a proton pump inhibitor that is recommended for patients at risk for gastrointestinal events. Risk factors for gastrointestinal events include: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not document that the patient is at risk for GI events. Therefore, Protonix is not medically necessary and appropriate according to the guidelines.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 41, 63.

Decision rationale: According to the CA MTUS guidelines, Flexeril is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. According to the medical records, Flexeril was prescribed both on 3/8/13 and 1/7/14. The chronic use of muscle relaxants is not recommended. The medical necessity of Flexeril is not established, therefore is not medically necessary and appropriate.

Lidopro lotion 4 ounces: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm (lidocaine patch) Page(s): 111-113, 56.

Decision rationale: As per CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. However, the guidelines indicate that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidopro contains capsaicin, lidocaine, menthol, and methyl salicylate. The CA MTUS guidelines state topical lidocaine is only FDA approved for post-herpetic neuralgia. In the 1/21/14 RFA by [REDACTED], diagnosis include chronic neck pain with referred pain in upper extremities and chronic headache. The patient does not have the diagnoses listed in the guidelines; therefore, the medical necessity of Lidopro is not established. Given the above the request is not medically necessary and appropriate. As per CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. However, the guidelines indicate that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidopro contains capsaicin, lidocaine, menthol, and methyl salicylate. The CA MTUS guidelines state topical lidocaine is only FDA approved for post-herpetic neuralgia. In the 1/21/14 RFA by [REDACTED], diagnosis include chronic neck pain with referred pain in upper extremities and chronic headache. The patient does not have the diagnoses listed in the guidelines; therefore, the medical necessity of Lidopro is not established. Given the above the request is not medically necessary and appropriate.