MAXIMUS Federal Services

Case Number:	CM14-0012173		
Date Assigned:	02/21/2014	Date of Injury:	11/01/2005
Decision Date:	07/29/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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 Management, and is licensed to practice in Tennessee. 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 54-year-old patient with date of injury on January 20, 2005. The mechanism of injury was not noted. On a physical exam dated January 23, 2014, the patient complains of left upper back and neck pain, bilateral shoulder pain and headache daily. She complains of poor sleep patterns due to pain, also noting that she has difficulty with activites and chores in the mornings. She also has more AROM in cervical area since her last RFA but continues to feel crepitus with cervical ROM. On a progress note dated December 13, 2013 the patient appears in no acute distress, with no signs of sedation or withdrawal, alert and appropraite otherwise. She continues to have spasm in the cervical area. She also claims of poor sleep quality to due pain. Diagonostic impression on December 13, 2013 shows cervical spondylosis, degenerative cervical intervetebral disk, cervicalgia, cervicocranial syndrome, brachial neuritis/radiculitis.Treatment to date: medication therapy, behavioral modification, acupunctureA UR decision on January 20, 2014 denied the request for Lidoderm patch 5%, stating topical lidocaine may be recommended for localized neuropathic pain after there has been evidene of a trial of first line therapy such as tryclic or SSRI (selective serotonin reuptake inhibitor) anti depressants or an AED (anti-epileptic drug) such as gabpentin or Lyrica. In this case, the claimanat complains of pain in the upper back and neck pain, bilateral shoulder pain and headache daily. However, the reports provided do not indicate failed trials of first line recommendations(oral antidepressants and anticonvulsants). There is no documentation that these medications are insufficient to manage symptoms. In fact, the claimant continues to take Lyrica for management of chronic pain. Metazolone 800mg#120 and Tizanadine 4mg#90 were both also denied. CA MTUS (Medical Treatment Utilization Schedule) note that muscle relaxants for pain are recommended for certain situations. MTUS and ODG (Official Disability Guidelines) state that muscle relaxants are recommended for short term use only and ODG recommends usage of less than 2 weeks for

acute exacerbations of low back pain. The provider notes that the claimant needs muscle relaxants to avoid the benzodiazepines for sleep. However, guidelines do not support muscle relaxants as sleep aid. Duexis 800//26.6mg #90, DOS December 4, 2013 is not recommended as 1st line drug by OGD-TWC, as the indications are for rheumatoid arthritis and osteoarthritis. There is not documentation that the claimant is affected with rheumatoid arthritis and osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6 mg, ninety count, purchased on December 4, 2013 and January 10, 2014: 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 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, and Other Medical Treatment Guideline or Medical Evidence: FDA article on Duexis.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that NSAIDs (non-steroidal anti-inflammatory drugs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The FDA states that Duexis is a combination of the NSAID Ibuprofen and the H2-receptor antagonist, famotidine. In addition, the FDA states that Duexis is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers. There is no documentation that the patient is diagnosed with rheumatoid or osteoarthritis. In addition, there is no documentation as to why the patient needs a combination medication as opposed to the medications separately. Therefore, the request for Duexis 800-26.6 mg, ninety count, purchased on December 4, 2013 and January 10, 2014, is not medically necessary or appropriate.

Tizanidine 4 mg, ninety count, purchased on December 4, 2013 and January 10, 2014: 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 Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity

and off label use for low back pain. In addition, the Chronic Pain Medical Treatment Guidelines also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Also there is no additional benefit shown in combination with NSAIDs (non-steroidal anti-inflammatory drugs). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is no description of an acute exacerbation of the patient's chronic pain that would benefit from a short-term course of muscle relaxants. Guidelines do not support the long-term use of muscle relaxants. Therefore, the request for Tizanidine 4mg #90 is not medically necessary.

Metaxalone 800 mg, 120 count, purchased on December 4, 2013 and January 10, 2014: 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 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disabliity Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and ODG state that muscle relaxants are recommended for shot term use only and usage of less than 2 weeks for acute exacerbations of low back pain. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The provider notes that the claimant needs muscle relaxants to avoid the benzodiaepines for sleep. However, guidelines do not support muscle relaxants as sleep aid. In addition, this patient is also on tizanidine, and there is no clear rationale provided as to why the patient is on two separate muscle relaxants. Therefore, the request for Metaxalone 800 mg, 120 count, purchased on December 4, 2013 and January 10, 2014, is not medically necessary.

Lidoderm patch 5%, thirty count, purchased on December 4, 2013 and January 10, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). On a progress note dated January 213, 2014, the patient is documented to be on Lyrica and has not shown evidence to have failed this 1st line therapy. In addition, there Is no trial documentation of functional improvement and efficacy gained from the Lidoderm patches. There is no description of the number of patches the patient is using daily, the duration of time, and which location on the body the patient is using them. Therefore, the request for Lidoderm patch 5%, thirty count, purchased on December 4, 2013 and January 10, 2014, is not medically necessary or appropriate.