

Case Number:	CM14-0019869		
Date Assigned:	04/28/2014	Date of Injury:	04/11/2011
Decision Date:	07/08/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine 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 [REDACTED] employee who has filed a claim for cervical and lumbar radiculopathy, lumbar facet arthropathy, lumbar spinal stenosis, and chronic pain associated with an industrial injury of April 11, 2011. Thus far, the patient has been treated with activity modification, physical therapy, cervical epidural block, lumbar epidural injections, NSAIDs, opioids, muscle relaxants, Lidoderm patches, and exercise. Current medications include Flexeril, Hydrocodone/APAP, ibuprofen, and Lidoderm 5% patch. Review of progress notes indicates continued symptomatology in the cervical spine, chronic headaches and migraines, and tension between the shoulder blades. There is neck pain radiating to the left upper extremity and low back pain radiating to the left lower extremity. Findings include tenderness over the cervical, lumbar, left olecranon fossa, and left shoulder regions, positive axial loading compression test and Spurling's maneuver, decreased cervical and lumbar range of motion, positive left shoulder impingement signs, positive Tinel's sign at the elbow, positive Tinel's and Phalen's signs at the wrist, dysesthesia of digits, weak hand grip, positive seated nerve root test and straight leg raise test on the left, and decreased sensation and strength at the left L3-4 distribution. Utilization review dated January 28, 2014 indicates that the claims administrator denied a request for Flexeril as it is not recommended for long-term use and weaning has already been initiated; Hydrocodone/APAP as there is no documentation of urine drug screens and attempts at weaning; Lidoderm 5% patches as there is no documentation that patient is intolerant to oral pain medications; and modified certification for ibuprofen for 3 months supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS, ANTI-SPASMODICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: As stated in CA MTUS Chronic Pain Medical Treatment Guidelines page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They also show no benefit beyond NSAIDs in pain and overall improvement. There is no note as to when patient initially started this medication; earliest mention of this medication was November 2013. Progress notes indicate that pain decreases with medications. However, there are no objective functional benefits noted with this medication. Also, this medication is not recommended for long-term use and previous utilization review notes that weaning has been initiated for this medication. The requested quantity and dosage is not specified. Therefore, the request for Flexeril was not medically necessary per the guideline recommendations of MTUS.

HYDROCODONE/APAP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Earliest mention of this medication was November 2013. There is no mention of objective functional benefits derived from this medication or of periodic urine drug screens to monitor use of opioids. Previous utilization review notes that weaning had already started for this medication. In addition, the requested quantity and dosage is not specified. Therefore, the request for Hydrocodone/APAP was not medically necessary per the guideline recommendations of MTUS.

LIDODERM 5% PATCHES: 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): 56-57.

Decision rationale: As stated on pages 56-57 in the CA MTUS chronic pain medical treatment guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Patient has been on this medication since at least November 2013. There is no indication that the patient is unable to tolerate oral medications, or of failure of first-line therapy such as anti-epileptics and anti-depressants. The requested quantity is not specified. Therefore, the request for Lidoderm 5% patches was not medically necessary per the guideline recommendations of MTUS.

IBUPROFEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As stated in page 46 of the California MTUS chronic pain medical treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Patient has been on NSAIDs since at least November 2013. There is already previous authorization for a 3-month supply. There is no documentation regarding continued benefit derived from this medication. Also, the requested quantity and dosage is not specified. Therefore, the request for ibuprofen was not medically necessary per the guideline recommendations of MTUS.