

Case Number:	CM14-0110658		
Date Assigned:	08/01/2014	Date of Injury:	09/17/2001
Decision Date:	09/22/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/15/2014

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, has a subspecialty in Interventional Spine 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 45-year-old female with a date of injury of 09/17/2001. The listed diagnoses are shoulder pain, cervical radiculopathy; cervical pain; muscle spasm; mood disorder; and cervical facet syndrome. According to the progress report dated 07/08/2014, the patient presents with neck pain radiating from the neck down to bilateral arms. She rates her pain without medication 8/10 and with medication down to 2/10. There are no noted side effects. Quality of sleep is reported as good. Patient presents for a return to work note and states she feels she can go back as her pain decreases to 2/10 with current medications. Patient's current medications include Lidoderm patches, Intermezzo 1.75 mg, Percocet 10/325 mg, Soma 250 mg, Duexis 800/26.6 mg, and gabapentin 300 mg. Examination of the cervical spine revealed restrictive range of motion on all planes. There is paravertebral muscle, hypertonicity, spasm, and tenderness noted on both sides. Examination of the right shoulder revealed restrictive range of motion limited by pain but normal internal rotation and external rotation. Examination of the left shoulder revealed restrictive range of motion with pain but normal passive elevation, internal rotation, and external rotation. Empty can test is positive. The treating physician states Gabapentin is helpful for her neuropathic pain and her other medications are "helpful for her pain relief." The treating physician is requesting a refill of Duexis 800/26.6 mg #30, Lidoderm patch 5% #30, Soma 250 mg #30, and Intermezzo 1.75 mg #20. Utilization review denied the request on 07/10/2014.

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 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs, NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 67, 68, 69.

Decision rationale: The patient presents with continued neck pain that radiates down to the bilateral arms. The treating physician is requesting a refill of Duexis 800/26.6 mg #30 for patient's pain and inflammation. Duexis is an NSAID and famotidine. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." For Famotidine, The MTUS Guidelines state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Although NSAIDs are indicated for chronic pain and in particular chronic low back pain, the treating physician does not provide a discussion as to why a combination medication is required. There are no GI risk assessments to determine the patient's need for prophylactic PPI's to be used in conjunction with an NSAID. Therefore, the request for Duexis 800/26/6 mg #30 is not medically necessary and appropriate.

Lidoderm patch 5% 700 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter.

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

Decision rationale: This patient presents with neck pain radiating down to the bilateral arms with tingling over the arms. Patient reports bilateral upper extremity weakness. The treating physician is requesting a refill of Lidoderm patches 5% #30. Reports indicate Lidoderm patches help with patient's neuropathic pain. Terocin patches contain salicylate, capsaicin, menthol, and lidocaine. The MTUS Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." In this case, the patient does not present with "localized peripheral pain." The treating physician appears to be prescribing the patches for the patient's low back pain, which is not supported by MTUS. The request for Lidoderm patch 5% 700 mg #30 is not medically necessary and appropriate.

Soma 250 mg #30: 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 Carisoprodol (Soma) Page(s): 29.

Decision rationale: The MTUS page 63 regarding muscle relaxants states, "recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP." Muscle relaxants are recommended for short term use only. Review of the medical file indicates the patient has been taking this medication since 01/29/2014. The patient has reported Flexeril causes side effects; however, Soma does not and it helps with her muscle spasms. Therefore, the request for Soma 250 mg #30 is not medically necessary and appropriate.

Intermezzo 1.75 mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain (acute and chronic), procedure summary, Zolpidem and insomnia sections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guideline have the following regarding Ambien for insomnia.

Decision rationale: The MTUS and ACOEM Guidelines do not address Ambien. However, the Official Disability Guidelines (ODG) states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. ODG Guidelines does not recommend long-term use of this medication. Review of the medical file indicates the patient was first prescribed this medication for sleep issues on 03/26/2014. This medication is not intended for long term use. Therefore, the request for Intermezzo 1.75 mg #20 is not medically necessary and appropriate.