

Case Number:	CM14-0117936		
Date Assigned:	08/22/2014	Date of Injury:	10/08/2006
Decision Date:	10/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/28/2014

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:

This 63 year old patient had a date of injury on 10/8/2006. The mechanism of injury was not noted. In a progress noted dated 7/9/2014, subjective findings included pain has stayed the same. He is taking 6 Tramadol 50mg tablets a day plus recently started on Norco 10/325. On a physical exam dated 7/9/2014, objective findings included range of motion is painful in both shoulders in abduction at 165 degrees. There is paraspinal muscle tenderness with tight muscle band palpated. Diagnostic impression shows cervicalgia, chronic pain syndrome, cervical spondylosis with myelopathy, shoulder pain. Treatment to date includes medication therapy and behavioral modification. A UR decision dated 7/24/2014 denied the request for Naproxen 500 bid prn pain #60 with 2 refills, stating patient is seen on less than monthly frequency and no necessity for multiple refills. Trazodone 50mg 2hs prn sleep #10 with 2 refills was denied, stating no significant improvement in pain or function and sleep with its use. Lidoderm patch 700mg #14 with 5 refills was denied stating no documentation where patch is applied and no indication of localized neuropathic pain. Hydrocodone/APAP 10/325 #30 1hs prn pain #30 DOS 7/9/2014, and Tramadol 50mg 1q4h #180 with 1 refill were denied, stating that no documentation or pain relief or functional status was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg bid as needed for pain #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs

Decision rationale: The California MTUS states that NSAIDs 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, the Official Disability Guidelines 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. In a progress report dated 7/22/2014, there was no significant objective functional benefit noted with the analgesic regimen, and this patient has been on Naproxen since at least 6/10/2014. His next monthly visit was 8/5/2014, and the refills would not be necessary in this case. Therefore, the request for Naproxen 500mg #60 with 2 refills is not medically necessary.

Trazodone 50mg 2 at bedtime as needed for sleep #10 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, Trazodone

Decision rationale: The California MTUS does not address this issue. The Official Disability Guidelines recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. In a 7/22/2014 progress report, there was no documented functional improvement noted with Trazodone, and in a 7/9/2014 progress report, the patient claims he has been on it for years. Therefore, the request for Trazodone 50mg #10 with 2 refills is not medically necessary.

Lidoderm patch 5% 700mg/patch QTY: 14 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm

Decision rationale: The California MTUS 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 anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). The Official Disability Guidelines states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In the reports viewed, there was no discussion of a failure of a 1st line oral analgesic such as Gabapentin or Lyrica. Furthermore, the site of application was not provided. Therefore, the request for Lidoderm 700mg patches #14 with 5 refills is not medically necessary.

Retrospective: Hydrocodone/Apap 10/325mg #30 1 at bedtime as needed for pain QTY: 30 (DOS 7/9/14): 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): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 7/22/2014, there was no significant objective functional noted from the opioid regimen. Furthermore, there was no evidence of pain contract of any urine drug screens. Therefore, the request for Norco 10/325 #30 prn pain DOS 7/9/2014 is not medically necessary.

Tramadol HCL 50mg 1 qd3-4 hours as needed for pain, do not exceed 6 tablets/day QTY: 180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Official Disability Guidelines, 7th Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress report dated 7/22/2014, there was no significant objective functional noted from the opioid regimen. Furthermore, there was no evidence of pain contract of any urine drug screens. Therefore, the request for Tramadol 50mg #180 with 1 refill is not medically necessary.