

Case Number:	CM14-0179573		
Date Assigned:	11/04/2014	Date of Injury:	10/15/2009
Decision Date:	12/09/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/29/2014

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 62 year old female with an injury date of 10/15/09. The 10/09/14 progress report by [REDACTED] states that the patient presents with neck and left shoulder pain along with lower back pain that radiates into the left buttocks rated 7/10. Examination shows pain with motion of the bilateral knees. No examination results of the shoulder and neck are provided. The patient's diagnoses include: Obesity, Rotator cuff tear of the left shoulder, Left medial meniscus tear, Left leg radiculopathy with L4-L4 stenosis, Bilateral carpal tunnel syndrome confirmed by EMG dated 1/13/11, Severe degenerative joint disease with collapse of humeral head and denudation of cartilage of the (statement ends), Left shoulder proximal humerus malunion, Left shoulder degenerative disease. Status post bariatric surgery 01/22/13. Medications are listed as Zanaflex, Lidocaine, and Ibuprofen. The patient has weaned off Tramadol. The utilization review being challenged is dated 10/09/14. One report was provided dated 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, #90: 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 Anti-inflammatory medications; Chronic pain Page(s): 22; 60.

Decision rationale: The patient presents with lower back pain radiating to the left buttock along with neck and left shoulder pain rated 7/10. There is pain with motion of the bilateral knees. The treater requests for Motrin 800mg, #90. MTUS Anti-inflammatory medications page 22 state, "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." Only the 10/09/14 treatment report is provided and the treater does not discuss this medication other than to say that it is agreed upon by the AME physician. This AME report is not provided. MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis. In this case, the treater does not state that the medication helps this patient. MTUS Medications for Chronic pain page 60 states a record of pain and function must be recorded when medications are used for chronic pain. The request is not medically necessary.

Lidoderm patches 5%, #90: 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 Lidoderm (lidocaine patch) Page(s): 56, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidoderm® (lidocaine patch), Pain Chapter

Decision rationale: The patient presents with lower back pain radiating to the left buttock along with neck and left shoulder pain rated 7/10. There is pain with motion of the bilateral knees. The treater requests for Lidoderm Patch 5%, #90. MTUS, Lidoderm (lidocaine patch) pages 56, 57 has the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading ODG, this peripheral and localized pain is that of neuropathic pain. Only the 10/09/14 treatment report is provided and the treater does not discuss this medication other than to say it agreed upon by the AME physician. This AME report is not provided. Examination reveals the patient has pain with motion in the bilateral knees but there is no diagnosis of neuropathic pain that is peripheral and localized. The treater does not explain how this medication is used and with what efficacy. Given the lack of indication per MTUS and ODG for use of this medication, the request is not medically necessary.

Zanaflex 4mg, #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 Antispasticity/Antispasmodic Drugs; Chronic pain Page(s): 66; 60.

Decision rationale: The patient presents with lower back pain radiating to the left buttock along with neck and left shoulder pain rated 7/10. There is pain with motion of the bilateral knees.

The treater requests for Zanaflex 4mg, #60. MTUS Antispasticity/Antispasmodic Drugs: pg. 66 states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." Only the 10/09/14 treatment report is provided and the treater does not discuss this medication other than to say it is agreed upon by the AME physician. This AME report is not provided. In this case, the treater does not state the use of the medication or whether or not it helps the patient. MTUS Medications for Chronic pain page 60 states a record of pain and function with the medication should be recorded. The request is not medically necessary.