

<b>Case Number:</b>	CM14-0022721		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	01/01/1997
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 1, 1997. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; muscle relaxants; topical agents; and adjuvant medications. In a utilization review report of February 10, 2014, the claims administrator denied a request for Relafen, Lidoderm, Vicodin, and Skelaxin while approving request for amitriptyline and Lyrica. The applicant appealed on February 19, 2014. The applicant stated that she was having issues with chronic pain. The applicant stated that she did not actively work in the farm, with few exceptions. The applicant stated that she had ongoing issues with shoulder and elbow pain. The applicant was paying for massage therapy out-of-pocket, she stated. The applicant stated that these medications were helping her to live a normal life in the sense that they were helping her to get out of bed. On January 14, 2014 a progress note, describes the applicant reporting variable pain, ranging from 4 to 8/10. The goals of treatment were to reduce pain and improve function, it was stated. The applicant's medication list included Relafen, Protonix, Lipitor, Mobic, Skelaxin, Lyrica, Elavil, Vicodin, and Lidoderm. The applicant was reportedly doing fairly well. The applicant still had achiness in her fingers. Mobic was not helping as much as Celebrex, it was stated. The applicant had chronic tendonitis and myofascial pain syndrome. The applicant's work and functional status were not clearly detailed, described, or characterized. In a letter dated May 22, 2014, the applicant's attending provider stated that the applicant had mild-to-moderate daily pain. The attending provider stated that medications allow the applicant to perform light household activities and self care. It was stated that these medications were allowing the applicant to maintain a fairly active life.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **NABUMETONE 750MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

**Decision rationale:** On Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as nabumetone do represent the traditional first-line of treatment for various chronic pain conditions; in this case, however, the applicant has been on this medication chronically and has failed to achieve any lasting benefit or functional improvement through ongoing usage of the same. The applicant is off of work. The applicant is apparently still having difficulty performing even basic activities of daily living, including laundry, self care, personal hygiene, getting out of bed, reading books, and so on. It does not appear, on balance, that the applicant has effected any functional improvement in terms of the parameters established in the MTUS through ongoing usage of the nabumetone. Therefore, the request is not medically necessary.

### **LIDODERM 5% PATCH #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

**Decision rationale:** On page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm or lidocaine is suggested in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant is using antidepressants and/or anticonvulsants in the form of Lyrica and Elavil, effectively obviating the need for Lidoderm patches. Therefore, the request is not medically necessary.

### **HYDROCODONE-ACETAMINOPHEN 5/500MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** On page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is not performing chores on the farm on which she lives. The applicant's pain complaints persist, it is noted. Continuing opioid therapy does not appear to have been indicated as the applicant does not appear to have met any of the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of the same. Therefore, the request is not medically necessary.

**SKELAXIN 80MMG #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

**Decision rationale:** On page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are suggested for short-term use purposes, in the event of acute exacerbations of chronic pain. They are not recommended for chronic, long-term, and/or scheduled use purposes such as those being proposed here. In this case, the attending provider has not furnished any compelling or applicant-specific rationale, narrative, or commentary which would offset the unfavorable MTUS suggestion. Therefore, the request is not medically necessary.