MAXIMUS Federal Services

Case Number:	CM14-0027136		
Date Assigned:	06/16/2014	Date of Injury:	05/20/2010
Decision Date:	08/14/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 36-year-old female with a reported injury on May 20, 2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated January 21, 2014 reported that the injured worker complained of neck pain. The physical examination of the injured worker's neck revealed cervical facet loading bilaterally, with decreased range of motion secondary to pain. The injured worker's diagnoses included cervical facet syndrome, cervical spinal stenosis, cervical pain, cervical spondylosis, migraines, cervical radiculopathy, and muscle spasms. The injured worker's prescribed medication list included oxycodone, Lidoderm patch, Cymbalta, Flexeril, Maxalt, Topamax, Rozerem, Inderal LA, and Celebrex. The provider requested oxycodone and Lidoderm for pain, Flexeril for muscle spasms, Inderal for the injured worker's headaches, Celebrex for the reduction of achiness, and the rationale for Rozerem was not provided. The Request for Authorization was submitted on February 24, 2014. The injured worker's prior treatments included corticotropin-releasing factor injection to the right side of the cervical spine on January 07, 2014 with greater than 50% pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone (15mg, #60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and Oxycodone Page(s): 78, 97.

Decision rationale: The request for oxycodone is not medically necessary. The injured worker complained of neck pain. The treating physician's rationale for oxycodone was listed as it decreased the injured worker's pain from 8/10 to 9/10 to a 4/10 and helps her care for her children. The California MTUS Guidelines state oxycodone is a potentially addictive opioid analgesic medication, and it is a Schedule II controlled substance. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker's pain is adequately controlled with oxycodone; however, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted report. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary.

Lidoderm Patches (5%, #30): 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 Analgesics Page(s): 112.

Decision rationale: The request for a Lidoderm patch is not medically necessary. The injured worker complained of neck pain. The treating physician's rationale for the Lidoderm patch was listed as it helps her at night to sleep better. The California MTUS Guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of clinical information provided documenting the efficacy of Lidoderm patches as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency and the application location of the medication being requested. As such, the request is not medically necessary.

Flexeril (10mg, #60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Flexeril is not medically necessary. The injured worker complained of neck pain. The treating physician's rationale for Flexeril was listed as for the treatment of muscle spasms. The California MTUS Guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information indicating the efficacy of Flexeril as evidenced by decreased muscle spasms, decreased pain, and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.

Rozerem (8mg, #30): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Insomnia treatment.

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 & Stress, Insomnia treatment.

Decision rationale: The request for Rozerem is not medically necessary. The injured worker complained of neck pain. The treating physician's rationale was not provided within the clinical notes. The Official Disability Guidelines recommend insomnia treatment that is based on the etiology of injured worker's insomnia. One systematic review concluded that there is evidence to support the short-term and long-term use of ramelteon to decrease sleep latency; however, total sleep time has not been improved. There is a lack of clinical information provided documenting the efficacy of Rozerem as evidenced by decreased insomnia and increased sleep hygiene, with significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Thus, the request is not medically necessary.

Inderal LA (80mg #60): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Hypertension treatment.

Decision rationale: The request for Inderal LA is not medically necessary. The injured worker complained of neck pain. The treating physician's rationale for Inderal was listed as for the treatment of headaches. The Official Disability Guidelines recommend that blood pressure in diabetes mellitus (DM) be controlled to levels of 140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. After Lifestyle (diet & exercise)

modifications their 1st choice - Renin-angiotensin-aldosterone system blockers; ACE inhibitors; and Angiotensin II receptor blocker (ARBs). Their 2nd choice is Calcium channel blockers; 3rd is Thiazide diuretic; and 4th are Beta-blockers. There is a lack of clinical information provided documenting the efficacy of Inderal as evidenced by decreased headaches and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary.

Celebrex (200mg, #60): 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 Page(s): 22.

Decision rationale: The request for Celebrex is not medically necessary. The injured worker complained of neck pain. The treating physician's rationale for Celebrex was listed as for the reduction of overall achiness. The California MTUS Guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker's achiness is decreased with Celebrex; however, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary.