

Case Number:	CM14-0032675		
Date Assigned:	04/23/2014	Date of Injury:	06/26/2012
Decision Date:	07/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; muscle relaxants; topical agents; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 5, 2014, the claims administrator partially certified a request for Flexeril, partially certified Lidoderm patches, and partially certified tramadol. Overall rationale was quite sparse and somewhat difficult to follow. The claims administrator stated, somewhat incongruously, that the applicant did meet criteria for usage of Lidoderm patches but nevertheless partially certified the same, it appeared. Some portions of the claims administrator's rationale, moreover, stated that Lidoderm and tramadol were being approved outright while only cyclobenzaprine was being partially approved. In a February 7, 2014 letter, the attending provider appealed the decision to deny the medications in question, noting that the utilization reviewer was not licensed in California. Third Edition ACOEM Guidelines were referenced in the appeal. In a December 27, 2013 progress note, the applicant was described as reporting multifocal neck, arm, hand, low back, and bilateral foot pain. The applicant was using Naprosyn, Neurontin, Voltaren, Lidoderm, Micardis, Allegra, and Effexor at that point in time, it was suggested. The applicant was placed off of work, on total temporary disability. It was stated that the applicant was considering further cervical spine surgery. The applicant was again described as off of work, on total temporary disability, on January 29, 2014. Unspecified medications were refilled at that point. On December 27, 2013, the applicant was given a variety of medications, including Ultram, Norflex, and Methoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID-CYCLOBENZAPRINE 7.5MG, # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41.

Decision rationale: No, the request for Fexmid or cyclobenzaprine is not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using a variety of other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

ULTRAM-TRAMADOL HCL ER 150MG, #60: 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 Page(s): 80.

Decision rationale: The request for Ultram, a synthetic opioid, is likewise, not medically necessary, medically appropriate, or indicated here. The request in question represents a renewal request. As noted 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 function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. There is no evidence of any reduction in pain levels or improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

LIDODERM 5% PATCH, #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 Lidocaine Page(s): 112.

Decision rationale: Finally, the request for Lidoderm patches is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine or Lidoderm is indicated 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 appears to be using both Effexor, an antidepressant, and Neurontin, an anticonvulsant for neuropathic pain. The applicant's ongoing usage of these medications effectively obviates the need for Lidoderm patches in question. It is further noted that the applicant has been using Lidoderm patches in question for something on the order of several months, despite the unfavorable MTUS recommendation. The applicant has failed to affect any lasting benefit or functional improvement despite ongoing usage of Lidoderm. The applicant remains off of work, on total temporary disability. The applicant's ongoing usage of Lidoderm has not resulted in any reduction in dependence on medical treatment. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including oral medications and is, furthermore contemplating cervical spine surgery. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of lidocaine or Lidoderm patches. Therefore, the request is not medically necessary.