

Case Number:	CM14-0061330		
Date Assigned:	07/09/2014	Date of Injury:	04/02/1998
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 Texas and Oklahoma. 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 53-year-old female who reported an injury on 04/02/1998, who reportedly sustained an injury to her left shoulder and neck during a vehicle search at the state prison. The injured worker's treatment history included, x-rays, medications trigger point injections and surgery. The injured worker was evaluated on 06/11/2014, and it was documented that the injured worker had neck pain and headaches. The physical examination of the cervical spine revealed tenderness noted at C5 through C7 and paraspinal spasms. The provider noted there were trigger points at trapezius and rhomboids, however, the range of motion was 50% reduced with pain. Lateral rotation had mild restriction. The provider noted the injured worker needs her Tylenol with codeine to control her pain in order to function at work. Medications included cyclobenzaprine 10 mg, gabapentin 100 mg, Lidoderm patch 5%, and Tylenol/Codeine 300/30 mg. The diagnosis was neck pain. An authorization dated 04/16/2014 was for Gabapentin, Cyclobenzaprine, Lidoderm patch, and Tylenol/Codeine however, rationale is not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #120, QTY: 480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs, Gabapentin Page(s): 17, 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Per the California (MTUS) Guidelines, Gabapentin is an anti-epilepsy drug AEDs (also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation submitted had lack of evidence of the efficacy of the requested drug after the injured worker takes the medication. In addition, the request did not include frequency of the medication. Given the above, the request for Gabapentin 100 mg #120 is not medically necessary.

Cyclobenzaprine 10mg #30, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine Page(s): 63-64.

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

Decision rationale: According to the California MTUS, Flexeril as an option as a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The diagnoses included neck pain. The documentation submitted lacked evidence of conservative care measures such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on his long term-goals of functional improvement of his home exercise regimen. In addition, the request lacked frequency and duration of the medication. As such, the request for Cyclobenzaprine 10 mg #30mg is not medically necessary.

Lidoderm patch 5% #30, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Comp, 12th Edition, PainCriteria for use of Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains

at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed ointment contains lidocaine. Furthermore, there was no documentation provided on conservative care measures such as physical therapy, pain management or home exercise regimen. In addition, there was no documentation provided on frequency or location where the Lidoderm Patch would be applied. Lidoderm Patches are recommended of a trial of first-line therapy however it is for diabetic neuropathy pain. The diagnosis for the injured worker was neck pain, therefore the request does not warrant the need for the Lidoderm patch. As such, the request for Lidoderm Patch 5% # 30 is not medically necessary.

Tylenol/codeine 300/30mg #120, QTY: 480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Opioids, criteria for use; Opioids for Chronic Pain Page(s): 35, 78, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list Codeine (Tylenol with Codeine) Page(s): 78; 92.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Codeine should be used with caution in patients with a history of drug abuse. Tolerance, as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Tylenol/Codeine 300/30mg #120 is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such Tylenol/Codeine 300/30mg #120 is not medically necessary.