

Case Number:	CM14-0065020		
Date Assigned:	07/11/2014	Date of Injury:	09/16/2002
Decision Date:	12/31/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/08/2014

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 Preventive 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:

According to the records made available for review, this is a 51-year-old female with a 9/16/02 date of injury. At the time (3/13/14) of request for authorization for Anaprox 550 mg #60, Fexmid 7.5mg #30, Xeljanz 5mg #60, and Lidoderm topical patches 5% #30, there is documentation of subjective (neck and low back pain) and objective (tenderness to palpation over the cervical and lumbar spine, decreased range of motion of the cervical and lumbar spine, positive straight leg raise, decreased sensation along the posterolateral thigh and calf of the left extremity, tenderness to palpation along the medial lateral joint line, and decreased patella and ankles deep tendon reflexes bilaterally) findings, current diagnoses (systemic rheumatoid arthritis, status post bilateral total hip replacement, cervical sprain/stain, left knee internal derangement, L5-S1 herniated nucleus pulposus with nerve root compression foraminal stenosis and left L5-S1 radiculopathy, and medication induced gastritis), and treatment to date (epidural steroid injection and medications (including ongoing treatment with Anaprox, Fexmid, Lidoderm patches, and Methotrexate since at least 12/2/13)). Regarding Anaprox 550 mg #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Anaprox use to date. Regarding Fexmid 7.5mg #30, there is no documentation of short-term (less than two weeks) treatment of acute low back pain, or short-term treatment of acute exacerbations in patients with chronic low back pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fexmid use to date. Regarding Xeljanz 5mg #60, there is no documentation of moderate to severe rheumatoid arthritis in patients who have failed a trial with Methotrexate. Regarding Lidoderm topical patches 5% #30, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed;

functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm patch use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline for Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of systemic rheumatoid arthritis, status post bilateral total hip replacement, cervical sprain/stain, left knee internal derangement, L5-S1 herniated nucleus pulposus with nerve root compression foraminal stenosis and left L5-S1 radiculopathy, and medication induced gastritis. In addition, there is documentation of pain. However, given documentation of ongoing treatment with Anaprox, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Anaprox use to date. Therefore, based on guidelines and a review of the evidence, the request for Anaprox 550 mg #60 is not medically necessary.

Fexmid 7.5mg #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of

medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of systemic rheumatoid arthritis, status post bilateral total hip replacement, cervical sprain/stain, left knee internal derangement, L5-S1 herniated nucleus pulposus with nerve root compression foraminal stenosis and left L5-S1 radiculopathy, and medication induced gastritis. In addition, there is documentation of Fexmid used as a second line option. However, there is no documentation of muscle spasm. In addition, given documentation of records reflecting prescription for Fexmid since at least 12/2/13, there is no documentation of short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Furthermore, given documentation of ongoing treatment with Fexmid, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fexmid use to date. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5mg #30 is not medically necessary.

Xeljanz 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/xeljanz.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/xeljanz.html>

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of moderate to severe rheumatoid arthritis in patients who have failed a trial with Methotrexate, as criteria necessary to support the medical necessity for Xeljanz. Within the medical information available for review, there is documentation of systemic rheumatoid arthritis, status post bilateral total hip replacement, cervical sprain/stain, left knee internal derangement, L5-S1 herniated nucleus pulposus with nerve root compression foraminal stenosis and left L5-S1 radiculopathy, and medication induced gastritis. However, despite documentation of a diagnosis of systemic rheumatoid arthritis, there is no (clear) documentation of moderate to severe rheumatoid arthritis. In addition, given documentation of ongoing treatment with Methotrexate, there is no documentation of a failed trial with Methotrexate. Therefore, based on guidelines and a review of the evidence, the request for Xeljanz 5mg #60 is not medically necessary.

Lidoderm topical 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 Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical

Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of systemic rheumatoid arthritis, status post bilateral total hip replacement, cervical sprain/stain, left knee internal derangement, L5-S1 herniated nucleus pulposus with nerve root compression foraminal stenosis and left L5-S1 radiculopathy, and medication induced gastritis. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. In addition, given documentation of ongoing treatment with Lidoderm Patches, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lidoderm patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm topical patches 5% #30 is not medically necessary.