

Case Number:	CM14-0065805		
Date Assigned:	07/11/2014	Date of Injury:	10/11/2000
Decision Date:	08/27/2014	UR Denial Date:	04/21/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55 year old female who had a work related injury on 10/11/00. No documentation of mechanism of injury. She has chronic cervical spine and shoulder pain radiating to both arms. She had multiple trials of different treatment modalities and was currently permanent and stationary. She is currently taking Vicodin 5/325mg, Flexeril 10mg at night, Lidoderm patch, ibuprofen three times a day with food, omeprazole, Nortriptyline 50mg every night, atenolol 25mg for anxiety and sertraline. She also had diagnosis of fibromyalgia. She was also undergoing psychological treatment. Clinical documentation submitted for review dated 07/08/14 reports that the injured worker has chronic pain, used medication, performed some stretching, and psychologist visits and classes to help control the pain. Medication reported to have helped reduce pain by 50%. No side effects reported. No constipation. She also used a transcutaneous electrical nerve stimulation unit and traction. She found acupuncture to be effective adjunct for pain. Physical examination, reveals decreased cervical spine and lumbar spine range of motion. Tenderness to palpation with hypertonicity in bilateral trapezius. Tenderness to palpation lumbar paraspinal muscles. No suicidal or homicidal ideation was reported. Diagnosis included cervical degenerative disc disease, shoulder sprain strain, history of acid reflux, slipped sleep disturbance, poor coping with chronic pain. There was myofascial pain, back pain low back pain, and lumbar degenerative disc disease. Treatment plan was to continue with medication which was Vicodin 5 325, Lidocaine patch 5%, Flexeril 10 mg twice a day to three times a day Nortriptyline, atenolol, methoderm cream. The patient had a recent urine drug screen that was consistent with the prescribed treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #90 PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Muscle relaxants (for pain).

Decision rationale: Current evidence based guidelines do not support the request for Flexeril. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low blood pressure (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. Therefore, the request for Flexeril 10 mg #90 PRN is not medically necessary and appropriate.

Lidocaine Patches 5% (pain, sleep) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, topical analgesics.

Decision rationale: Current evidence based guidelines do not support the request. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review shows no clinical evidence of neuropathy. As such, the request for Lidocaine Patches 5% (pain, sleep) #60 is not medically necessary and appropriate.

Vicodan 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, opioid's.

Decision rationale: The clinical documentation submitted for review does support the request for continued use of Vicodin. The employee found that the medication helped reduce pain by 50%, she had recent urine drug screen that was consistent with her prescribed treatment. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in

addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. Therefore, the request for Vicodin 5/325 mg #60 is not medically necessary and appropriate.