

Case Number:	CM14-0066788		
Date Assigned:	08/06/2014	Date of Injury:	05/20/2010
Decision Date:	10/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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, Pain Medicine and is licensed to practice in Florida. 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 who reported an injury of unknown mechanism on 05/20/2010. On 04/15/2014, her diagnoses included cervical facet syndrome, cervical spinal stenosis, cervical pain, cervical spondylosis, migraine, cervical radiculopathy, and muscle spasm. Her medications included Senokot 8.6 mg, Lidoderm 5% patch, Flexeril 10 mg, Inderal LA 80 mg, Topamax 100 mg, Celebrex 200 mg, Maxalt 10 mg, Rozerem 8 mg, Cymbalta 30 mg, and oxycodone 15 mg. She had received Botox injections for her migraines and reported a 50% headache reduction since the injection. She had undergone a right cervical radiofrequency ablation on 01/17/2014 with greater than 50% pain relief. She had a left sided cervical radiofrequency ablation done in 07/2013 with significant relief. It was noted that she was stable on her medication regimen and had not changed it in greater than 6 months. Her functional status and activities of daily living had improved optimally on her medications. Her treatment plan included continuation of her current medications, a trial of an occipital nerve block, radiofrequency ablation, medial branch block at C2-3, and Botox injections for her migraine headaches. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patches, qty 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): 111-113.

Decision rationale: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. Lidocaine is recommended for localized peripheral pain after there has been evidence of failed trials of first line therapy, including tricyclic or SNRI antidepressants or antiepileptic medications such as Gabapentin or Lyrica. The only form of FDA approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There is no evidence that this worker has a diagnosis of postherpetic neuralgia. The need for the Lidoderm patch was not clearly demonstrated in the submitted documentation. Additionally, there was no body part or parts to have been treated specified in the request, nor was there a frequency of application. Therefore, this request for Lidoderm 5% Patches, qty 30 is not medically necessary.

Flexeril 10mg, qty 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 Muscle relaxants Page(s): 63-66.

Decision rationale: The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Flexeril is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is not recommended to be used for longer than 2 weeks to 3 weeks. The submitted documentation revealed that this worker has been using Flexeril since 11/26/2013. This exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration specified in the request. Therefore, this request for Flexeril 10mg, qty 60 is not medically necessary.

Maxalt Mlt 10mg, qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

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

Decision rationale: Maxalt has demonstrated high response rates and more rapid onset of action than sumatriptan, together with a favorable tolerability profile. The Maxalt brand of rizatriptan therapy is more expensive than other triptans. According to the FDA Orange Book, equivalent

generics have been approved for Maxalt, so generic rizatriptan would be recommended. Additionally, there was no frequency of administration included with the request. Therefore, this request for Maxalt Mlt 10mg, qty 90 is not medically necessary.

Rozerem 8mg, qty30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, 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 Official Disability Guidelines recommend that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 day to 10-day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific components of insomnia should be addressed, including sleep onset, sleep maintenance, sleep quality, and next day functioning. Rozerem is a selective melatonin agonist and is indicated for difficulty with sleep onset. It is nonscheduled and has been shown to have no abuse potential. There is evidence to support both short term and long term use of Rozerem to decrease sleep latency; however, total sleep time has not been improved with this medication. The submitted documentation did not address the specific components of insomnia, including sleep onset, sleep maintenance, sleep quality, and next day functioning. Additionally, there was no frequency of administration. The clinical information failed to meet the evidence based guidelines for the use of Rozerem. Therefore, this request for Rozerem 8mg, qty: 30 is not medically necessary..

Celebrex 200mg, qty 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): 67-73.

Decision rationale: The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. In cases of chronic low back pain, they are recommended as an option for short-term symptomatic relief. Celebrex is used in the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. There was no submitted evidence that this worker has any of the above diagnoses. It was noted in the submitted documentation that this worker had been using Celebrex since 11/26/2013, which exceeds the recommendations in the guidelines. Additionally, there was no frequency of

administration specified with the request. Therefore, this request for Celebrex 200mg, qty 60 is not medically necessary.

Inderal La 80mg, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians desk Reference 2014; www.drugs.com

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

Decision rationale: Per the Official Disability Guidelines, triptans are recommended for migraine sufferers. All oral triptans are effective and well tolerated. Melatonin is recommended as an option given its favorable adverse effect profile. The use of Inderal for migraine headaches is not supported by the guidelines. Additionally, the request did not include a frequency of administration. Therefore, this request for Inderal La 80mg, qty 60 is not medically necessary.