

Case Number:	CM14-0070381		
Date Assigned:	08/06/2014	Date of Injury:	03/27/1996
Decision Date:	11/24/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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:

This is a 50 year-old male who has reported multifocal pain after an injury on 03/27/96. Diagnoses have included degenerative disc disease, spondylosis, radiculitis, failed back surgery syndrome, myofascial pain, shoulder pain with impingement, and extremity pain. Treatment has included low back surgeries in 1998, 2000, 2003, and 2004; and a right cubital tunnel release in 2003. The lumbar surgeries included an L4 through S1 instrumented fusion and placement of a spinal cord stimulator. Treatment has also included chronic anti-inflammatories, tramadol, Norco prn, Elavil, muscle relaxants, and radiofrequency ablation. Medical records were provided from 2/6/13 to 6/4/14. The recent reports refer to treatment for low back and shoulder pain. The reports do not consistently report the current medications. None of the reports adequately address a clinical trial of Voltaren gel, Lyrica, Elavil, or Lidoderm. Reports in 2013 refer to continuing his usual occupation, while reports in 2014 do not describe specific work functions. A urine drug screen on 3/11/13 was positive for tramadol and negative for hydrocodone. As of 9/25/13, the injured worker was working full time and taking Ultram and Elavil. As of 1/6/14, the spinal cord stimulator was not helpful. Voltaren gel helps neck and shoulder pain. Lyrica helps leg pain. Lyrica was increased. Tramadol, Elavil, Lidoderm, and Voltaren gel were continued. Per the PR2 of 04/30/14, there was minimal benefit obtained with Elavil. Partial pain relief was reported with the other pain medications, with pain scores ranging between 5-8/10 VAS with medications, and 8/10 without medications. The injured worker indicated that he had turned his spinal cord stimulator off and was asking for removal of the device. Current medications were listed as ibuprofen, Ultram 50mg two tablets up to four times a day. Elavil was discontinued. The physical examination was notable for multifocal pain, including the low back and shoulder, with no signs of specific and significant pathology. The treatment plan included continuing with the current medications, and Lyrica was increased to 75mg three times daily. Lidoderm and

Tramadol were continued. Voltaren gel was given. Eight therapeutic massage sessions for the right shoulder were prescribed. The Request for Authorization of 4/30/14 was for massage, Lyrica, Lidoderm, tramadol, Voltaren gel, and Elavil. The PR2 of 6/4/14 was essentially the same except for contradictory statements about the spinal cord stimulator and Elavil, as both were reported as not helpful as well as helpful and/or in need of continuance. The injured worker was stated to be moving to another country. On 5/7/14 Utilization Review non-certified or modified prescriptions for Lyrica 75mg #90 with three refills, Lidoderm patch 5% #30 with three refills, tramadol 50mg #240 with three refills, Voltaren gel 1% 180g with three refills, Elavil times three refills, and massage. The MTUS was cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 therapeutic massage sessions, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The MTUS, Chronic Pain section, recommends active therapy rather than passive care. Functional improvement is the goal rather than the elimination of pain. The MTUS provides limited support for massage therapy in cases of chronic pain. Massage should be used in conjunction with exercise, and treatment is recommended for a limited time only. The MTUS recommends 4-6 visits of massage therapy, and cautions against treatment dependence. 8 visits exceeds the MTUS recommendations. The treating physician has not described a specific exercise program to be pursued during the course of massage therapy. Massage therapists can vary greatly in terms of training and expertise. The specific kind of therapist to be used was not discussed. Work status is not adequately addressed. Massage therapy is not medically necessary based on lack of an associated active therapy and exercise program, lack of information about the qualifications of the intended massage therapist, and a prescription which exceeds the MTUS recommendations.

Lyrica 75mg qty# 90 x3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs; medication trials Page(s): 16-21; 60.

Decision rationale: Per the MTUS, pregabalin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. The available reports refer to non-specific pain in the shoulder, spine and extremities. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the

criteria for a good response per the MTUS. The available reports do not provide clear evidence of benefit after a specific trial of pregabalin. Pregabalin is not medically necessary based on the lack of any clear indication, the lack of significant symptomatic and functional benefit from its use to date, and the lack of evidence of a clear trial and benefits from that trial.

Lidoderm patch 5% #30 x3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57.

Decision rationale: Topical lidocaine (Lidoderm patch) is indicated for post-herpetic neuralgia, according to the manufacturer. The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica". The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, that he has failed the recommended oral medications, or that there was a specific trial of Lidoderm according the recommendations of the MTUS page 60. Lidoderm is not medically necessary based on the MTUS.

Tramadol 50mg qty #240 x3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, chronic backpain; mecha.

Decision rationale: The MTUS recommends that opioids be prescribed according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. Although the available reports are not entirely clear about the prescribing history of tramadol, it appears that the injured worker was working at his full-time, usual occupation while taking tramadol. There was one urine drug screen in the records, and it does appear that other medications and treatments had been trialed. Given the high level of function and a treatment plan reasonably consistent with the MTUS recommendations, the tramadol is medically necessary. The Utilization Review is overturned, as the Utilization Review did not outline the specific ways in which this injured worker met the criteria in the MTUS.

Voltaren gel 1% 480g x3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs, specific drug list & adverse effects Page(s): 111-113; 70.

Decision rationale: Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for axial pain. This injured worker is already taking an oral NSAID (ibuprofen), making a topical NSAID duplicative and unnecessary, as well as possibly toxic. The Voltaren gel was prescribed for axial pain, which is not an indication per the MTUS. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There are specific FDA warnings about hepatotoxicity for Voltaren gel. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Voltaren gel is not medically necessary due to the lack of the proper indications, redundant NSAID prescribing, and lack of sufficient toxicity monitoring.

Elavil x3 refills (unknown prescription): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants; Medications for chronic pain; Antidepressants for chronic pain Page(s): 60; 13-.

Decision rationale: The treating physician has stated in his reports that Elavil was not effective and that it would be discontinued. An ineffective medication should not be continued. When antidepressants are prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above). No medical reports show specific symptomatic and functional benefit. Further use of Elavil is not medically necessary in light of the lack of benefit.