

Case Number:	CM14-0187647		
Date Assigned:	11/17/2014	Date of Injury:	03/07/2012
Decision Date:	01/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; a cane; facet injections; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated November 4, 2014, the claims administrator failed to approve a request for Lidoderm patches, Desyrel, Nucynta, and Flexeril. The claims administrator stated that its decision was based on progress notes of July 30, 2014, and August 27, 2014, with associated RFA forms of August 15, 2014, and September 8, 2014. The applicant's attorney subsequently appealed. In an October 22, 2014 progress note, the applicant reported ongoing complaints of low back and shoulder pain, 9/10 without medications versus 6/10 with medications. The applicant had recently completed a functional capacity evaluation. The applicant was using a cane to move about. The applicant is best concerned about various medication denials. The applicant stated that Desyrel was helping him to sleep better. The applicant further stated that his medications were helping to facilitate his performance of activities of daily living such as cleaning and walking. The applicant's complete medication list included Flexeril, trazodone (Desyrel), Cymbalta, Lidoderm, Nucynta, aspirin, Zocor, and Cymbalta. The applicant had had a stroke several years prior, it was acknowledged. The applicant was using a cane to move about. The applicant was asked to continue Nucynta, Flexeril, Cymbalta, and trazodone. The attending provider posited that Cymbalta and trazodone were ameliorating the applicant's pain complaints, sleep, and mood. It was stated that the applicant was able to improve performance of household chores including laundry, meal preparation, and self-care. A 15-pound lifting limitation was endorsed. It was stated that the applicant was working part time as a school dishwasher at a rate of 20 to 25 hours a week. It was

stated that the applicant was, however, presently off owing to the fact that school had adjourned for the summer. The attending provider stated that the applicant's ability to write, shop for groceries, do laundry, do meal preparation, and self-care were all ameliorated as a result of ongoing medication consumption. In an earlier progress note dated August 27, 2014, the applicant again posited that he was deriving appropriate analgesia with his medications and that said medications were ameliorating his ability to clean, walk, and work on a part-time basis during the school year. The applicant's medication list included Flexeril, Cymbalta, Desyrel, Lidoderm, Nucynta, aspirin, and Zocor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexiril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including Nucynta, Desyrel, Cymbalta, etc. Adding cyclobenzaprine to the mix was/is not recommended. Furthermore, the 30-tablet supply of Flexeril at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Trazodone 50mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as trazodone "may be helpful" to alleviate symptoms of depression, as were/are present here. The attending provider posited on several occasions, referenced above, that the applicant's mood, sleep, and overall level of function were ameliorated through the combination of trazodone and Cymbalta. Continuing the same, on balance, was/is indicated, given the applicant's reportedly successful return to work with ongoing trazodone usage and reported augmentations in mood and sleep achieved as a result of ongoing trazodone usage. Therefore, the request was medically necessary.

Nucynta 50mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy included evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has returned to and maintained part-time work status during the school year, at a rate of 20 to 25 hours a week, the attending provider has noted above. The applicant is reporting an appropriate reduction in pain scores with ongoing Nucynta usage and has further posited that ongoing Nucynta usage is ameliorating his ability to cook, clean, stand, walk, and perform other activities of daily living. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Lidoderm patch 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 Topical Lidocaine Section Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Cymbalta, an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.