

Case Number:	CM14-0189751		
Date Assigned:	11/20/2014	Date of Injury:	05/31/2007
Decision Date:	01/08/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/31/07. She was seen by the requesting provider on 05/12/14. She was having radiating neck and low back pain, right shoulder pain, and headaches. She was having difficulty sleeping. She had symptoms of gastritis and constipation. Pain was rated at 8/10 without medications and 7/10 with medications. Prior treatments had included medications, TENS, and a cervical epidural steroid injection. Physical examination findings included decreased and painful cervical and lumbar spine range of motion. There was left trapezius and bilateral cervical and lumbosacral paraspinal muscle tenderness with trigger points. Trigger point injections were performed. Senokot, Tramadol, Lidoderm, Celebrex, Fioricet, Gabapentin, Tizanidine, and Zantac were prescribed. On 10/27/14 she was having ongoing symptoms. Pain was rated at 8/10 without medications and 3/10 with medications. She was continuing to use a TENS unit two times per day. Physical examination findings included decreased upper and lower extremity strength and sensation. There was a positive left straight leg raise. She had an antalgic gait and was using a cane. She was out of work. Tramadol 50 mg #90, Celebrex 200 mg #30, Fioricet #60, Tizanidine 4 mg #90, Gabapentin 600 mg #90, Zantac 150 mg #60, Lidoderm, and Celebrex were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for neck and low back pain, right shoulder pain, and headaches. According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding topical treatments, topical Lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, the requested Lidoderm 5% patch #30 is not medically necessary.

Celebrex 200 mg, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-70.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for neck and low back pain, right shoulder pain, and headaches. According to the MTUS Chronic Pain Medical Treatment Guidelines, Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. The claimant has a history of gastritis and guidelines recommend prescribing a selective COX-2 medication such as Celebrex. The maximum dose is 200 mg per day. In this case, the requested dose is in within guideline recommendations. Therefore, this request is medically necessary.

Fioricet 50-325-40 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches, Barbiturate-containing analgesic agents (BCAs) Page(s): 6, 23.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for neck and low back pain, right shoulder pain, and headaches. In terms of her headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. According to the MTUS guidelines, Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There

is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Therefore, this request for Fioricet 50-325-40 mg #60 is not medically necessary.

Tizanidine HCL 4 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for neck and low back pain, right shoulder pain, and headaches. Tizanidine is being prescribed on a long-term basis. According to the MTUS guidelines, Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and Tizanidine is being prescribed on a long-term basis. Therefore, this request is not medically necessary.