

Case Number:	CM15-0101242		
Date Assigned:	06/03/2015	Date of Injury:	03/15/2012
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on 3/15/12. She reported pain in neck and back. The injured worker was diagnosed as having low back pain, cervical spine tenderness and pain, left shoulder pain, cervical spine sprain/strain, left shoulder tendinitis/impingement syndrome, tendinitis of left elbow, right wrist contusion, anxiety/distress, sleep difficulties, thoracic sprain/strain, status post existing lumbar fusion and thoracic spine contusion with localized hematoma. Treatment to date has included physical therapy, lumbar MBRFA, home exercise program and oral medications. Currently, the injured worker complains of back pain with 70% improvement following bilateral L3-5 radiofrequency ablation. She notes difficulty sleeping due to neck pain. Physical exam noted restricted range of motion of cervical spine with palpable muscle spasms across neck, paracervical and upper trapezius with trigger points identified and palpable muscle spasms across the lower lumbar region with increased pain on lumbar extension and tenderness over the facet joints in lower spine region, tenderness is also noted over the sacroiliac joints and sciatic notches. The treatment plan included continuation of home exercise program and continuation of Lodine, Lidoderm patches and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches: 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 Lidoderm patches Topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

Decision rationale: The patient was injured on 03/15/12 and presents with neck pain and mid back pain. The request is for LIDOCAINE 5% PATCH for pain relief. There is no RFA provided and the patient's work status is not provided. The patient has been using this patch as early as 04/15/15. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." In reading ODG Guidelines, it specifies the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is a consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has thoracic kyphosis, mild lumbar lordosis, mild left shoulder elevation with mild scoliosis to the left, tissue restrictions along the myofascial restrictions in her upper trapezius and parascapular muscles, tenderness in her cervical region, stiffness in her paraspinal muscles of the lower back, and a positive straight leg raise. She is diagnosed with low back pain, cervical spine tenderness and pain, left shoulder pain, cervical spine sprain/strain, left shoulder tendinitis/impingement syndrome, tendinitis of left elbow, right wrist contusion, anxiety/distress, sleep difficulties, thoracic sprain/strain, status post existing lumbar fusion, and thoracic spine contusion with localized hematoma. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm IS NOT medically necessary.

Flexeril 10mg, #30: Upheld

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

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

Decision rationale: The patient was injured on 03/15/12 and presents with neck pain and mid back pain. The request is for FLEXERIL 10 MG #30 for muscle spasm. There is no RFA provided and the patient's work status is not provided. There is no indication of when the patient began taking this medication. MTUS, pages 63-66, states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and

methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." She is diagnosed with low back pain, cervical spine tenderness and pain, left shoulder pain, cervical spine sprain/strain, left shoulder tendinitis/impingement syndrome, tendinitis of left elbow, right wrist contusion, anxiety/distress, sleep difficulties, thoracic sprain/strain, status post existing lumbar fusion, and thoracic spine contusion with localized hematoma. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2-3 weeks. There is no indication that the patient will be using this medication on a short-term basis. It is unknown when the patient began taking this medication and an additional 30 tablets of Flexeril may exceed the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Flexeril IS NOT medically necessary.

Etodolac 400mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 03/15/12 and presents with neck pain and mid back pain. The request is for ETODOLAC 400 MG for its anti-inflammatory effects. There is no RFA provided and the patient's work status is not provided. There is no indication of when the patient began taking this medication. The 05/04/15 report states that the "patient has positive results and is able to complete her ADL's" with Etodolac. Regarding NSAID's, MTUS page 22 states "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs in chronic LBP and of antidepressants in chronic LBP." She is diagnosed with low back pain, cervical spine tenderness and pain, left shoulder pain, cervical spine sprain/strain, left shoulder tendinitis/impingement syndrome, tendinitis of left elbow, right wrist contusion, anxiety/distress, sleep difficulties, thoracic sprain/strain, status post existing lumbar fusion, and thoracic spine contusion with localized hematoma. MTUS page 60- 61 states that pain assessment and functional changes must be noted when medications are used for chronic pain. In this case, the treater provides no before and after pain scales and there is no specific ADL's listed. The general statement that the "patient has positive results and is able to complete her ADL's," is an inadequate example of improvement in pain and function. Due to lack of documentation, the requested Etodolac IS NOT medically necessary.