MAXIMUS Federal Services

Case Number:	CM15-0102268		
Date Assigned:	06/04/2015	Date of Injury:	03/07/2013
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

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 58 year old female, who sustained an industrial injury on March 7, 2013. She reported back pain, neck pain and right arm pain with sensory loss. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, neck sprain and strain, contusion of the back, contusion of the thigh and lumbosacral sprain and strain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, chiropractic care, home exercises, cervical traction, medications and work restrictions. Currently, the injured worker complains of neck pain traveling to the right shoulder into the right hand and arm with associated tingling and numbness and low back pain radiating to the right hip, thigh and knee with associated tingling and cramping. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 14, 2014, revealed continued pain as noted with associated symptoms. Evaluation on March 17, 2015, revealed constant, sharp neck pain traveling to the right shoulder into the right hand and arm with associated tingling and numbness and low back pain radiating to the right hip, thigh and knee with associated tingling and cramping. Radiographic imaging of the cervical spine revealed multiple abnormalities including multi-level disc disease, neuro-foraminal stenosis, bulging disc, disc space narrowing and joint hypertrophy. It was noted she failed multiple conservative therapies. Oral and topical medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, #30 (1 patch every 12 hours on 12 hours off): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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 03/07/13 and presents with neck pain and low back pain. The request is for Lidoderm Patch 5%, #30 (1 Patch Every 12 Hours On 12 Hours Off). There is no RFA provided and the patient's work status is not provided. 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 a wide based gait, moderate tenderness to palpation with spasm over the bilateral trapezius muscle of the cervical spine, a positive spurling sign on the right, facet tenderness, sensation to pinprick and light touch is decreased in the right C6 and C7 dermatomes, diffuse tenderness to palpation over the paraspinal musculature of the lumbar spine, moderate facet tenderness to palpation over the L4-S1 level, and a decreased lumbar spine range of motion. She is diagnosed with cervical disc disease, cervical radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, neck sprain and strain, contusion of the back, contusion of the thigh, and lumbosacral sprain and strain. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm patch is not medically necessary.

Prilosec 20mg, 1 by mouth every day, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient was injured on 03/07/13 and presents with neck pain and low back pain. The request is for Prilosec 20 Mg, 1 By Mouth Every Day #30. There is no RFA provided and the patient's work status is not provided. MTUS Guidelines page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65.2. History of peptic ulcer disease and GI bleeding or perforation. 3.

Concurrent use of ASA or corticosteroid and/or anticoagulant.4.High dose/multiple NSAID. MTUS page 69 states, NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. The reason for the request is not provided. The patient is diagnosed with cervical disc disease, cervical radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, neck sprain and strain, contusion of the back, contusion of the thigh, and lumbosacral sprain and strain. She is currently taking Motrin and Ultram. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Prilosec Is Not medically necessary.

Motrin 800mg, 1 by mouth 2 times daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The patient was injured on 03/07/13 and presents with neck pain and low back pain. The request is for Motrin 800 Mg, 1 By Mouth 2 Times Daily #60. There is no RFA provided and the patient's work status is not provided. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, a record of pain and function with the medication should be recorded, when the medications are used for chronic pain. The patient has a wide based gait, moderate tenderness to palpation with spasm over the bilateral trapezius muscle of the cervical spine, a positive spurling sign on the right, facet tenderness, sensation to pinprick and light touch is decreased in the right C6 and C7 dermatomes, diffuse tenderness to palpation over the paraspinal musculature of the lumbar spine, moderate facet tenderness to palpation over the L4-S1 level, and a decreased lumbar spine range of motion. She is diagnosed with cervical disc disease, cervical radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, neck sprain and strain, contusion of the back, contusion of the thigh, and lumbosacral sprain and strain. On 03/17/15, the patient rated her pain as an 8/10. In this case, none of the reports provided indicate how Motrin has specifically impacted the patient's pain and function, as required by MTUS page 60. Therefore, the requested Motrin is not medically necessary.

Ultram 50mg, 1 by mouth every 6 hours as needed, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Central acting analgesics Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 03/07/13 and presents with neck pain and low back pain. The request is for Ultram 50 Mg, 1 By Mouth Every 6 Hours As Needed #120. There is no RFA provided and the patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is diagnosed with cervical disc disease, cervical radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, neck sprain and strain, contusion of the back, contusion of the thigh, and lumbosacral sprain and strain. On 03/17/15, the patient rated her pain as an 8/10. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales, no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no recent urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Ultram Is Not medically necessary.