MAXIMUS Federal Services

Case Number:	CM15-0106943		
Date Assigned:	06/11/2015	Date of Injury:	12/19/2013
Decision Date:	08/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51-year-old male with an industrial injury dated 12/19/2013. His diagnoses include backache, shoulder pain and lumbar facet syndrome. Prior treatment included chiropractic treatments, TENS, and medications. He presents on 05/18/2015 with complaints of pain from his work related injury. The pain was rated as 5 on a scale of 1-10. Pain without medications was 7/10. Physical exam showed restricted range of motion of the lumbar spine. Spasm and tenderness was also present. FABER test was positive. Left shoulder showed positive Neer test, Speeds test and O'Brien's test. Motor testing was limited by pain. MRI of lumbar spine dated 02/06/2014 is documented as showing small bulging and herniated disc with annular tears in lower lumbar spine. Treatment plan included TENS unit, Celebrex, Lidoderm, Tramadol and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 700mg/patch one patch every 12 hours #30 with 1 refill: 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) Page(s): 56.

Decision rationale: The injured worker sustained a work related injury on 12/19/2013. The medical records provided indicate the diagnosis of backache, shoulder pain and lumbar facet syndrome. Treatments have included TENS, medications. The medical records provided for review do not indicate a medical necessity for Lidoderm 5% patch 700mg/patch one patch every 12 hours #30 with 1 refill. Lidoderm patch is a topical analgesic containing Lidocaine. The MTUS states that Lidoderm patch is nota first-line treatment and is only FDA approved for post-herpetic neuralgia; further research is needed to recommend it treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The medical records do not indicate the injured worker has been diagnosed of post-herpetci neuralgia. This request is not medically necessary.

Tramadol HCL 50mg one once to twice a day #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 12/19/2013. The medical records provided indicate the diagnosis of backache, shoulder pain and lumbar facet syndrome. Treatments have included TENS, medications. The medical records provided for review do not indicate a medical necessity for Tramadol HCL 50mg one once to twice a day #60 with 1 refill. Tramadol is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for long-term treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. If opioid is taken longer than 6 months, the MTUS recommends that pain control and functional activity be monitored on a numerical scale, and the functional improvement compared with baseline every six months. There is no indication this is being done. In addition, the medical records indicate the injured worker has been taking this medication at least sine 06/2014, but with no overall improvement. The medical records indicate the injured worker is asking for stronger pain medication, and the worker was given prescription of Norco. The records indicate the injured worker is not properly monitored for pain control and aberrant behavior. This request is not medically necessary.

Celebrex 200mg one once a day #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on 12/19/2013. The medical records provided indicate the diagnosis of backache, shoulder pain and lumbar facet syndrome. Treatments have included TENS, medications. The medical records provided for review do not indicate a medical necessity for Celebrex 200mg one once a day #30 with 1 refill. Celebrex is an NSAID. The MTUS recommends the use of the lowest dose for the shortest period in patients with moderate to severe pain. When used for a extended length of time, the MTUS recommends that periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). The records indicate the injured worker has been on this medication at least since 06/2014, but there is no evidence from the medical records that the injured worker is being monitored for blood count, Kidney function, and Liver function. This request is not medically necessary.

Zanaflex 4mg one twice a day #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

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

Decision rationale: The injured worker sustained a work related injury on 12/19/2013. The medical records provided indicate the diagnosis of backache, shoulder pain and lumbar facet syndrome. Treatments have included TENS, medications. The medical records provided for review do not indicate a medical necessity for Zanaflex 4mg one twice a day #60 with 1 refill. Zanaflex (Tizanidine) is a muscle relaxant. The MTUS recommends 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 medical records indicate this medication has been use since 06/2014, but with no evidence the injured worker is being monitored as recommended by the MTUS (LFTs should be monitored baseline, 1, 3, and 6 months). This request is not medically necessary.