

Case Number:	CM15-0107542		
Date Assigned:	06/12/2015	Date of Injury:	03/01/2008
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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, Florida, California
 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 55 year old male who reported an industrial injury on 3/1/2008. His diagnoses, and/or impressions, are noted to include: neck pain, cervical radiculitis and cervicgia; right medial and lateral epicondylitis; bilateral carpal tunnel syndrome; low back pain syndrome; thoracic degenerative disc disease; ulnar neuropathy, status-post left ulnar nerve transposition surgery (11/26/12); shoulder pain, status-post left shoulder surgery (3/30/11) and right shoulder surgery (9/21/11); chronic pain syndrome; and a combination of neuropathic and nociceptive pain. No current imaging studies are noted; recent electrodiagnostic studies of the bilateral upper extremities are stated to have been done on 2/20/2014. His treatments have included a qualified medical examination on 9/9/2013; epidural steroid injections to the cervical spine (4/14/15); medication management with urine toxicology screenings and high complexity qualitative urine drug screening (1/2015); a home exercise program; and rest from work. The progress notes of 4/28/2015 noted a follow-up appointment status-post Cervico-thoracic epidural steroid injection, with a reported 50% reduction in pain, an increase in functionality, and a reduction in use of oral Tramadol. Objective findings were noted to include improvement in cervical neck rotation. The physician's requests for treatments were noted to include the continuation of Robaxin, Gralise and Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #90 (prescribed 4-28-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 65 of 127.

Decision rationale: This claimant was injured 7 years ago. There is improvement documented with tramadol. There is improved neck rotation. There is no documentation of acute muscle spasm or neuropathic pain. Methocarbamol (Robaxin, Relaxin, generic available): The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. 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 LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request was appropriately non-certified under MTUS criteria.

Gralise 600mg #90 (prescribed 4-28-15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 16 of 127 and page 19 of 127..

Decision rationale: This claimant was injured 7 years ago. There is improvement documented with tramadol. There is improved neck rotation. There is no documentation of acute muscle spasm or neuropathic pain. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. The request is appropriately non-certified under the MTUS evidence-based criteria.

Lidoderm 5% patches, apply 1-2 patches for 12 hours on and 12 hours off (prescribed 4-28-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 -9792.26 MTUS (Effective July 18, 2009) Page(s): 56 of 127.

Decision rationale: This claimant was injured 7 years ago. There is improvement documented with tramadol. There is improved neck rotation. There is no documentation of acute muscle spasm or neuropathic pain. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately non-certified under MTUS.