

Case Number:	CM15-0135703		
Date Assigned:	07/23/2015	Date of Injury:	03/21/2002
Decision Date:	08/20/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/14/2015

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: Emergency 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 59 year old female who sustained an industrial injury on 03/21/2002. Mechanism of injury was an assault. Diagnoses include status post anterior C5-6 and C6-7 microdiscectomy and bilateral micro foraminotomies, C5-6 and C6-7 arthrodesis instrumentation using PEEK cages x 2, packed within situ auto graft and screws x 4 on 06/24/2015, myalgia, cervical degenerative disc disease, neck pain, lumbar post laminectomy syndrome, lumbar degenerative disc disease, low back pain, carpal tunnel syndrome, anxiety, gastroesophageal reflux disease, post-traumatic stress disorder and knee pain. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, status post C3-4 ACDF in 2011 and status post anterior C5-6 and C6-7 microdiscectomy and bilateral micro foraminotomies, C5-6 and C6-7 arthrodesis instrumentation using PEEK cages x 2, packed within situ auto graft and screws x 4 on 06/24/2015. Her medications include Tramadol ER, Celebrex, Lidoderm patches, Pravachol, Diprolene, Zantac, Zanaflex, Cymbalta, and Sennosides-Docusate Sodium. On 05/12/2015 a computed tomography of the cervical spine showed osteophyte formation at right C6-7 transverse foramen adjacent to the vertebral artery. There is widening of the C6-7 interspinous space and mild kyphosis at the C6-7 level Grade 1 anterolisthesis of C4 on C5 with movement on dynamic views. There is an area of lunacy at the C4 superior endplate. A physician progress note dated 06/23/2015 documents the injured worker complains of worsening neck, low back and right knee pain. She is scheduled for neck surgery on 06/24/2015. She rates her pain as 10 out of 10 without medications and 9 out of 10 with medications. She takes her medications as directed and tolerates them well. Urine drug screen is consistent with her medications. Her pain

is described as aching and stabbing in the low back and neck. Her pain is better with medications, injection and physical therapy. She has tenderness over the cervical paraspinals and over the facet joints. Range of motion is reduced in all planes due to pain. Her medications allow her to work around the house and walk for longer with her medications. Treatment requested is for Celebrex 200mg #30 with 3 refills, Lidoderm 5% patches #60 with 3 refills, and Tramadol ER 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The requested Lidoderm 5% patches #60 with 3 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has worsening neck, low back and right knee pain. She is scheduled for neck surgery on 06/24/2015. She rates her pain as 10 out of 10 without medications and 9 out of 10 with medications. She takes her medications as directed and tolerates them well. Urine drug screen is consistent with her medications. Her pain is described as aching and stabbing in the low back and neck. Her pain is better with medications, injection and physical therapy. She has tenderness over the cervical paraspinals and over the facet joints. Range of motion is reduced in all planes due to pain. The treating physician has not documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm 5% patches #60 with 3 refills is not medically necessary.

Celebrex 200mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex; NSAIDs, specific drug list & adverse effects Page(s): 30, 70.

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

Decision rationale: The requested Celebrex 200mg #30 with 3 refills is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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". The injured worker has worsening neck, low back and right knee pain. She is scheduled for neck surgery on 06/24/2015. She rates her pain as 10 out of 10 without medications and 9 out of 10 with

medications. She takes her medications as directed and tolerates them well. Urine drug screen is consistent with her medications. Her pain is described as aching and stabbing in the low back and neck. Her pain is better with medications, injection and physical therapy. She has tenderness over the cervical paraspinals and over the facet joints. Range of motion is reduced in all planes due to pain. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200mg #30 with 3 refills is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol ER 150mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has worsening neck, low back and right knee pain. She is scheduled for neck surgery on 06/24/2015. She rates her pain as 10 out of 10 without medications and 9 out of 10 with medications. She takes her medications as directed and tolerates them well. Urine drug screen is consistent with her medications. Her pain is described as aching and stabbing in the low back and neck. Her pain is better with medications, injection and physical therapy. She has tenderness over the cervical paraspinals and over the facet joints. Range of motion is reduced in all planes due to pain. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, or measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Tramadol ER 150mg #60 is not medically necessary.