

Case Number:	CM15-0147335		
Date Assigned:	08/10/2015	Date of Injury:	07/31/2014
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 63 year old male, who sustained an industrial injury on 7-31-2014. Diagnoses include status post cervical fusion (4-28-2015). Treatment to date has included surgical intervention as well as conservative treatment including physical therapy, modified work, medications and diagnostics. Per the Primary Treating Physician's Progress Report dated 6-29-2015 the injured worker reported persistent pain in the cervical spine rated as 5-8 out of 10 with spasms. Physical examination revealed a well healed posterior cervical fusion incision with no signs of infection. Cervical spine range of motion was restricted with pain. The plan of care included continuation of physical therapy, cervical support pillow and medications and authorization was requested for Lidoderm 5% #30, Flexeril 10mg #60, and Ultram 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Section Page(s): 56, 57.

Decision rationale: Lidoderm is a Lidocaine patch providing topical Lidocaine. The MTUS Guidelines recommend the use of topical Lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm 5% #30 with 1 refill is determined to not be medically necessary.

Flexeril 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case the injured worker is status post cervical fusion (4-28-2015). There are spasms noted on physical exam and he has a lot of pain with physical therapy. A short course of Flexeril is warranted in this case, however, refills are not supported. The request for Flexeril 10mg #60 with 1 refill is determined to not be medically necessary.

Ultram 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used

chronically. This request however is not for a weaning treatment, but to continue treatment. In this case, the injured worker has spasms and severe pain with physical therapy. He is unable to take NSAIDs due to his recent cervical fusion. Ultram as a short course therapy is warranted, however, refills are not supported. The request for Ultram 50mg #60 with 1 refill is determined to not be medically necessary.