

Case Number:	CM15-0161061		
Date Assigned:	08/27/2015	Date of Injury:	05/24/1995
Decision Date:	09/30/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/17/2015

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 62 year old female who sustained an industrial injury on 05-24-1995. The injured worker was diagnosed with right shoulder pain, compensatory left medial and lateral epicondylitis, right carpal tunnel syndrome and chronic lumbar spine pain. The injured worker is status post right rotator cuff repair in 2002 and lumbar laminectomy and discectomy in 2001. Treatment to date has included diagnostic testing, surgery, physical therapy and medications. According to the primary treating physician's progress report on June 18, 2015, the injured worker continues to experience right shoulder pain rated as 6 out of 10 on the pain scale and low back pain radiating to the right lower leg rated as 7 out of 10. Evaluation noted a normal gait without the use of assistive devices and normal heel and toe walk. Examination demonstrated tenderness in the paraspinous musculature of the thoracic and lumbar spine with muscle spasm in the lumbar area. Range of motion was documented as flexion at 30 degrees, extension at 15 degrees, and bilateral rotation and tilt at 20 degrees each. There was no spasm noted with lumbar range of motion. Motor strength, sensory and deep tendon reflexes were intact bilaterally. Negative straight leg raise, sciatic nerve compression and Waddell signs bilaterally were documented. The injured worker is Permanent & Stationary (P&S) and not working. Current medications were listed as Tramadol, Tizanidine, Naprosyn and Lidoderm patches. Treatment plan consists of continuing medication regimen and the current request for renewal of Tramadol, Tizanidine and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #60 with 3 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 06/18/15 progress report provided by treating physician, the patient presents with right shoulder pain rated as 6 out of 10 on the pain scale and low back pain radiating to the right lower leg rated as 7 out of 10. The patient is status post rotator cuff repair 2002. RFA with the request not provided. The request is for Tramadol 50 Mg #60 With 3 Refill. RFA with the request not provided. Patient's diagnosis includes right shoulder pain, compensatory left medial and lateral epicondylitis, right carpal tunnel syndrome and chronic lumbar spine pain. Physical examination revealed tenderness in the paraspinous musculature of the thoracic and lumbar spine with muscle spasm in the lumber area. Range of motion was documented as flexion at 30 degrees, extension at 15 degrees, and bilateral rotation and tilt at 20 degrees each. There was no spasm noted with lumbar range of motion. Motor strength, sensory and deep tendon reflexes were intact bilaterally. Negative straight leg raise, sciatic nerve compression and Waddell signs bilaterally were documented. Patient's medications include Tramadol, Tizanidine, Naprosyn and Lidoderm patches. The patient remains permanent and stationary. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Tramadol has been included in patient's medications, per progress reports dated 04/23/15 and 06/18/15. It is not known when this medication was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Tizanidine 4 MG #60 with 3 Refills: Upheld

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

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

Decision rationale: Based on the 06/18/15 progress report provided by treating physician, the patient presents with right shoulder pain rated as 6 out of 10 on the pain scale and low back pain radiating to the right lower leg rated as 7 out of 10. The patient is status post rotator cuff repair 2002. RFA with the request not provided. The request is for Tizanidine 4 Mg #60 With 3 Refills.

RFA with the request not provided. Patient's diagnosis includes right shoulder pain, compensatory left medial and lateral epicondylitis, right carpal tunnel syndrome and chronic lumbar spine pain. Physical examination revealed tenderness in the paraspinal musculature of the thoracic and lumbar spine with muscle spasm in the lumbar area. Range of motion was documented as flexion at 30 degrees, extension at 15 degrees, and bilateral rotation and tilt at 20 degrees each. There was no spasm noted with lumbar range of motion. Motor strength, sensory and deep tendon reflexes were intact bilaterally. Negative straight leg raise, sciatic nerve compression and Waddell signs bilaterally were documented. Patient's medications include Tramadol, Tizanidine, Naprosyn and Lidoderm patches. The patient remains permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "Anti-spasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Tizanidine has been included in patient's medications, per progress reports dated 04/23/15 and 06/18/15. It is not known when this medication was initiated. Per 06/18/15 report, treater state Tizanidine "will be utilized for spasm." Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. However, treater has not documented medication efficacy in terms of decrease in pain and increase in function, as required by guidelines. Furthermore, the treater does not document why the patient requires such a high dose, how it is being used on daily basis and with what specific effect. The request for 3 refills is excessive. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. Therefore, the request is not medically necessary.

Lidoderm Patches 5 Percent #60 with 3 Refills: Upheld

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

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

Decision rationale: Based on the 06/18/15 progress report provided by treating physician, the patient presents with right shoulder pain rated as 6 out of 10 on the pain scale and low back pain radiating to the right lower leg rated as 7 out of 10. The patient is status post rotator cuff repair 2002. RFA with the request not provided. The request is for Lidoderm Patches 5 Percent #60 With 3 Refills. RFA with the request not provided. Patient's diagnosis includes right shoulder pain, compensatory left medial and lateral epicondylitis, right carpal tunnel syndrome and chronic lumbar spine pain. Physical examination revealed tenderness in the paraspinal musculature of the thoracic and lumbar spine with muscle spasm in the lumbar area. Range of motion was documented as flexion at 30 degrees, extension at 15 degrees, and bilateral rotation and tilt at 20 degrees each. There was no spasm noted with lumbar range of motion. Motor strength, sensory and deep tendon reflexes were intact bilaterally. Negative straight leg raise, sciatic nerve compression and Waddell signs bilaterally were documented. Patient's medications include Tramadol, Tizanidine, Naprosyn and Lidoderm patches. The patient remains permanent and stationary. MTUS guidelines page 56, 57 Lidoderm (Lidocaine Patches) Section states 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". Page 112 also states, "Lidocaine indication: neuropathic pain.

Recommended for localized peripheral pain." Lidoderm patch has been included in patient's medications, per progress reports dated 04/23/15 and 06/18/15. It is not known when this medication was initiated. In this case, treater has not provided reason for the request nor location to be treated. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. Lidoderm patches are not indicated for shoulder or low back pain conditions. Furthermore, there is no documentation of how the Lidoderm patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.