

Case Number:	CM15-0181548		
Date Assigned:	09/22/2015	Date of Injury:	08/06/2014
Decision Date:	11/12/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/15/2015

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, Hawaii

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 70 year old male who sustained an industrial injury on 08-06-2014. A review of the medical records indicated that the injured worker is undergoing treatment for headaches, chronic neck, lumbar spine and bilateral shoulder, elbow and wrist pain. The injured worker is status post a recent hernia repair with residual pain. According to the treating physician's progress report on 08-13-2015, the injured worker was seen for a follow-up visit with complaints of frequent headaches, radicular neck pain and stiffness with associated numbness and tingling of the bilateral upper extremities rated at 6-7 out of 10, right shoulder pain radiating to the fingers associated with spasms rated at 7 out of 10, right elbow pain and spasms rated at 6-7 out of 10, bilateral wrist, hand and finger pain with spasms rated at 7 out of 10 and radicular low back pain with spasms associated with numbness and tingling of the bilateral lower extremities rated at 7 out of 10 on the pain scale. The cervical spine examination demonstrated tenderness to palpation of the bilateral paraspinal muscles with normal cervical lordosis, decreased range of motion and positive Spurling's on the left side. The right shoulder was tender at the deltoid and acromioclavicular joint with decreased range of motion. The right elbow noted tenderness to palpation at the medial and lateral epicondyles with decreased range of motion and the bilateral wrists demonstrated tenderness to palpation at the carpal tunnel and first dorsal extensor muscle compartment with decreased range of motion, right side worse than left side. Sensation of the bilateral upper extremities demonstrated diminished pinprick and light touch over C5 through T1 dermatomes, motor strength at 4 out of 5 and vascular pulses and deep tendon reflexes symmetrical bilaterally in the bilateral upper extremities. Examination of the lumbar spine demonstrated a preserved lordosis with tenderness to palpation of the

paraspinal muscles and over the spinous processes from L2 to S1 and tenderness to palpation at the sciatic notch with trigger points bilaterally. The lumbar spine range of motion was decreased with positive Flip's and Kemp's tests bilaterally. There was decreased sensation to pinprick and light touch at L4 through S1 dermatomes bilaterally and motor strength at 4 out of 5 in the lower extremities. Deep tendon reflexes and pulses of the lower extremity were intact. Recent diagnostic tests with official reports included in the review were magnetic resonance imaging (MRI) of the left wrist with flexion-extension dated 06-30-2015, MRI right elbow on 06-30-2015, lumbar spine MRI on 06-30-2015, right shoulder MRI on 06-30-2015 and cervical spine MRI on 06-30-2015. Current medications were listed as Tabradol, Cyclobenzaprine, Deprizine, Dicopanol, Fanatrex, Synapryn and Ketoprofen cream. Treatment plan consists of orthopedic referral for cervical spine and left wrist, continuing the course of acupuncture therapy and chiropractic therapy for the right elbow and left wrist, undergo platelet rich plasma injection for the left wrist times 3 and the current request for Tramadol, Flurbiprofen and Lidocaine (no dosage or route of administration was documented). On 08/24/2015 the Utilization Review determined the request for Tramadol, Flurbiprofen and Lidocaine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral upper extremities, and low back with radiation to the bilateral lower extremities. The current request is for Flurbiprofen. The treating physician report dated 9/30/15 (69B) does not specify a quantity of Flurbiprofen to be prescribed to the patient. Regarding NSAIDs, MTUS page 68 states, There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Medical reports provided, show the patient has been taking Ibuprofen since at least 8/4/14 (84B). In this case, while the current request may be medically necessary, there is no quantity of Flurbiprofen specified and the MTUS guidelines do not support an open-ended request. The current request is not medically necessary.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, long-term assessment.

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral upper extremities, and low back with radiation to the bilateral lower extremities. The current request is for Tramadol. The treating physician report dated 9/30/15 (69B) does not specify a quantity of Tramadol to be prescribed to the patient. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, the current request does not specify a quantity of Tramadol to be prescribed to the patient and the MTUS guidelines do not support an open ended request. The current request is not medically necessary.

Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral upper extremities, and low back with radiation to the bilateral lower extremities. The current request is for Lidocaine. The treating physician report dated 9/30/15 (69B) does not specify a quantity of Lidocaine to be prescribed to the patient. MTUS guidelines state Lidoderm is not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized neuropathic 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. In this case there is no evidence in the documents provided that the patient underwent any first-line therapy. Furthermore, the current request does not specify a quantity of Lidocaine to be prescribed to the patient and the MTUS guidelines do not support an open-ended request. The current request is not medically necessary.