MAXIMUS Federal Services

Case Number:	CM15-0183941		
Date Assigned:	09/24/2015	Date of Injury:	06/10/2010
Decision Date:	10/30/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/18/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This injured worker is a 46 year old female who reported an industrial injury on 6-10-2010. Her diagnoses, and or impressions, were noted to include: cervical facet syndrome; cervical radiculopathy; cervical disc degeneration; thoracic pain; low back pain; and mood disorder. No recent electrodiagnostic or imaging studies were noted. Her treatments were noted to include: a qualified medical evaluation on 1-19-2011; magnetic resonance imaging studies of the cervical spine (in 2011 & on 2-4-14); psychiatric evaluation and treatment; "PTI" on 6-15-2015; trans-cutaneous electrical nerve stimulation unit therapy; medication management with toxicology studies; and a return to restricted work duties. The progress notes of 9-2-2015 reported a periodic office visit for: request for authorization; radiating neck and lower back pain, rated 3 out 10 with medication and 6 out of 10 without; unchanged, decreased activity level; continued stiffness and pain in her left trapezius; and of fair quality of sleep. The objective findings were noted to include: an inconsistent urine toxicology screening on 8-21-2013; the appearance of mild pain with depression; loss of normal cervical lordosis and restricted cervical range-of-motion that was limited by pain; spasm and tenderness in the bilateral para-vertebral muscles and manubrio-sternal joint, para-cervical, rhomboids and trapezius muscles; positive Spurling's maneuver that caused pain in the muscles of the neck radiating to upper extremity; decreased bilateral biceps, triceps and brachioradialis reflexes; tenderness at the bilateral thoracic para-vertebral muscles, and trigger point with radiating pain and twitch response at the right cervical para-spinal muscles and bilateral trapezius muscles; tenderness over the mid-biceps tendon, with limited left shoulder

examination due to pain; tenderness over the right trochanter; and decreased sensation over the cervical 5-6 dermatomes on the left side. The physician's requests for treatment were noted to include the continuation of Lidoderm 5% Patch 700 mg-patch, apply for 12 hours per day, #30; Flexeril 5 mg 1 at bedtime, #30; and Naprosyn 500 mg 1 tablet 2 x a day as needed, #60 with 3 refills. The Request for Authorization, dated 9-2-2015, was noted to include: Lidoderm 5% patch (700 mg-patch), apply for 12 hours per day, #30; Flexeril 5 mg, take 1 at bedtime, #30; and Naprosyn 500 mg tablet, take 1 twice daily as needed, #60 with 3 refills. The Utilization Review of 9-10-2015 non-certified the requests for Lidoderm 5% Patches #30, Flexeril 5 mg #30, and Naprosyn 500 mg #60 with 3 refills for #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch qty: 30.00: 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: Lidoderm 5% patch qty: 30.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. For these reasons, the request for Lidoderm Patch 5% is not medically necessary.

Flexeril 5mg qty: 30.00: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Flexeril 5mg qty: 30.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on this medication. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time-frame. The request for Flexeril is not medically necessary.

Naprosyn 500mg qty: 240.00: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Naprosyn 500mg qty: 240.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naprosyn for an extended period without specific evidence of functional improvement. The request for continued Naprosyn is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naprosyn is not medically necessary.