

Case Number:	CM15-0204942		
Date Assigned:	10/21/2015	Date of Injury:	08/29/2012
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/19/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 49 year old female sustained an industrial injury on 8-29-12. Documentation indicated that the injured worker was receiving treatment for chronic pain to multiple body parts. Previous treatment included anterior cervical fusion (2013), shoulder surgery (2013), posterior cervical fusion (September 2014), physical therapy, heat and cold therapy and medications. In a new patient consultation dated 9-29-15, the injured worker complained of pain to the neck, upper back, middle back, low back, left upper extremity and bilateral lower extremities, rated 8 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with loss of normal cervical lordosis, restricted range of motion, tenderness to palpation with hypertonicity and positive Spurling's maneuver, thoracic spine with tenderness to palpation and spasm, lumbar spine with restricted and painful range of motion, positive lumbar facet loading bilaterally and right straight leg raise and left shoulder with restricted range of motion and positive Hawkin's, Neer's and shoulder crossover tests. The injured worker could not walk on heels or toes. The physician noted that the left upper extremity exam showed swelling, abnormal skin color, abnormal temperature and decreased sensation. The physician's impression was reflex sympathetic dystrophy of upper limb. The physician documented that the injured worker was not currently taking any medications. The treatment plan included prescriptions for Cyclobenzaprine, Gabapentin, Lidopro ointment, Senna and Tramadol, psychological care, an orthopedic consultation and lumbar epidural steroid injection. On 10-13-15, Utilization Review noncertified a request for Cyclobenzaprine 7.5mg #60, Gabapentin 600mg #90, Lidopro 4% ointment, Senna 8.6mg #100 and Tramadol Hcl ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence. Guidelines state that Cyclobenzaprine is not recommended to be used longer than 2-3 weeks. There is evidence on examination of muscle spasm however, there is no report of prior response to the medication requested. The request is not medically necessary and appropriate.

Gabapentin 600mg qty: 90: 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): Antiepilepsy drugs (AEDs).

Decision rationale: MTUS guidelines state that antiepileptic drugs are recommended for neuropathic pain. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. The patient should be asked at each visit as to whether there has been a change in pain or function. It is noted that there is no EMG/NCV in the case file to document neuropathy in the IW. There was no documentation of objective functional benefit with prior use of this medication. The request is not medically necessary and appropriate.

Lidopro 4% ointment 1 tube qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) is used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The documentation in the case file does not indicate that the IW tried any other medications without success. Even though capsaicin and methyl salicylate are approved for topical use this cannot be approved due to other components not being medically necessary. This request is not medically necessary and appropriate.

Senna laxative 8.6 mg qty: 100: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid-induced constipation treatment.

Decision rationale: MTUS does not comment on laxative use in chronic pain. ODG guidelines recommended as indicated below. In the section Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. First line treatment includes simple treatments, which include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. There are no notations of failure of first line treatments or constipation in the records provided. This request is not medically necessary and appropriate.

Tramadol Hcl ER 150mg qty: 30: 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, criteria for use.

Decision rationale: The IW has been on long term opioids, which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and appropriate.