MAXIMUS Federal Services

Case Number:	CM15-0025964		
Date Assigned:	02/18/2015	Date of Injury:	01/06/2012
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/11/2015

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: Internal Medicine, Rheumatology

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 58 year old female, who sustained an industrial injury on 1/6/2012. She reports neck pain, shoulder pain and bilateral knee pain. Diagnoses include displacement of cervical intervertebral disc displacement without myelopathy, bilateral knee strain and strain of the shoulder and upper arm. Treatments to date include anterior cervical discectomy and fusion of cervical 4-6, physical therapy, home interferential unit, injections total assistance the right shoulder and knee and medication management. A progress note from the treating provider dated 1/5/2015 indicates the injured worker reported neck pain. On 1/14/2015, Utilization Review non-certified the request for Flexeril 10mg #90, Lidoderm 5% patch and Ultram 50mg #60, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants-Antipasmodics Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 58 year old female has complained of neck, shoulder and bilateral knee pain since date of injury 1/6/12. She has been treated with cervical spine surgery, physical therapy, home interferential unit, injections and medications to include flexeril since at least 08/2014. The current request is for flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

Lidoderm 5% Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 58 year old female has complained of neck, shoulder and bilateral knee pain since date of injury 1/6/12. She has been treated with cervical spine surgery, physical therapy, home interferential unit, injections and medications. The current request is for Lidoderm patch 5%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm 5% patch is not indicated as medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 58 year old female has complained of neck, shoulder and bilateral knee pain since date of injury 1/6/12. She has been treated with cervical spine surgery, physical therapy, home interferential unit, injections and medications to include opiods for at least 1 month duration. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opiods. There is no evidence that the treating physician is prescribing opiods according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of

failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.