

Case Number:	CM15-0030338		
Date Assigned:	02/24/2015	Date of Injury:	12/23/2011
Decision Date:	04/09/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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:

This 37-year-old male reported a work-related injury on 12/23/2011. According to the progress notes from the treating provider dated 12/17/14, the injured worker (IW) reports left shoulder pain, left arm pain, bilateral hand pain, left knee and low back pain. The diagnoses include left shoulder and left arm pain, bilateral hand and wrist pain, left hip and left knee pain and low back pain. Previous treatments include medications. The treating provider requests Lidoderm patches 5% apply TID to areas of pain for 12 hrs in 24hrs period, #90; Zanaflex 4 mg 1 tab po BID as needed for muscle spasm, #60; Celebrex 200 mg 1 tab po daily, #30 and Tramadol 50 mg 1 tab po every 8 hours as needed for pain, #90. The Utilization Review on 01/22/2015 non-certified the request for Lidoderm patches 5% apply TID to areas of pain for 12 hrs in 24hrs period, #90; Zanaflex 4 mg 1 tab po BID as needed for muscle spasm, #60; Celebrex 200 mg 1 tab po daily, #30 and Tramadol 50 mg 1 tab po every 8 hours as needed for pain, #90. References cited were CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% apply TID to areas of pain for 12hrs in 24hr period #90: Upheld
Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 12/17/14 progress report, the patient presents with left shoulder pain that radiates down the left upper extremity, bilateral hand pain, left knee pain, low back pain, rated 5/10. The request is for LIDODERM PATCHES, 5%. Patient's medications include Celebrex, Lidoderm Patch, Zanaflex and Tramadol. Patient is not working. MTUS Chronic Pain Medical Treatment guidelines, page 57 states: "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." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. Per treater report dated 12/17/14 treater states, "...patient's pain is worse with standing, walking, bending, and lifting and with movements of the head, neck and shoulders. It is somewhat relieved by medications." The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. The provided medical records show the patient has left shoulder pain that radiates, which is not neuropathic or localized. The treater does not mention how this topical is being used with what efficacy either. The request IS NOT medically necessary.

Zanaflex 4mg 1 tab PO BID PRN Muscle spasm #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64 & 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: Based on the 12/17/14 progress report, the patient presents with left shoulder pain that radiates down the left upper extremity, bilateral hand pain, left knee pain, low back pain, rated 5/10. The request is for ZANAFLEX. Patient's medications include Celebrex, Lidoderm Patch, Zanaflex and Tramadol. The Patient is not working. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/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. Per treater report dated 12/17/14 treater states, "...patient's pain is worse with standing, walking, bending, and lifting and with movements of the head, neck and shoulders. It is somewhat relieved by

medications." There are no other statements regarding medications or the use of Zanaflex. Review of the reports show prescriptions for Zanaflex was noted in progress reports dated 11/19/14 and 12/17/14. There are no documentation of muscle spasms, myofascial pain or fibromyalgia for which Zanaflex would be indicated. The patient does present with low back pain, but the treater does not specifically address Zanaflex and how helpful it has been. The request IS NOT medically necessary.

Celebrex 200mg 1 tab PO Q daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 12/17/14 progress report, the patient presents with left shoulder pain that radiates down the left upper extremity, bilateral hand pain, left knee pain, low back pain, rated 5/10. Treater states, "...patient's pain is worse with standing, walking, bending, and lifting and with movements of the head, neck and shoulders. It is somewhat relieved by medications." The request is for CELEBREX 200MG. Patient's medications include Celebrex, Lidoderm Patch, Zanaflex and Tramadol. Patient is not working. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors -e.g., Celebrex- may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." In medical records provided, Celebrex was first mentioned in progress report dated 11/19/14. Per MTUS, NSAIDs are indicated for first line treatment to reduce pain; however, Celebrex is not indicated for all patients. The treater does not discuss why Celebrex is being prescribed rather than other NSAIDs. Review of the reports do not show documentation of any GI issues with other NSAIDs, or that other NSAIDs have been tried. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

Tramadol 50mg 1 tab PO Q 8hrs PRN pain #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 12/17/14 progress report, the patient presents with left shoulder pain that radiates down the left upper extremity, bilateral hand pain, left knee pain, low back pain, rated 5/10. The request is for TRAMADOL 50MG. Patient's medications include Celebrex, Lidoderm Patch, Zanaflex and Tramadol. Patient is not working. 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 Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." Per treater report dated 12/17/14 treater states, "...patient's pain is worse with standing, walking, bending, and lifting and with movements of the head, neck and shoulders. It is somewhat relieved by medications." There are no references to Tramadol or any discussion as to why Tramadol is being prescribed other than for the patient's pain. It also appears that this medication is being prescribed for the first time. Given lack of efficacy with use of other medications and the patient's persistent significant pain, trial of Tramadol would appear medically reasonable. For on-going use of this medication, the treater will need to provide documentation of pain and functional improvement including the four A's going forward. The current request IS medically necessary.