MAXIMUS Federal Services

Case Number:	CM15-0054103		
Date Assigned:	03/27/2015	Date of Injury:	07/08/2003
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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 62 year old female, who sustained an industrial injury on 07/08/2003. The injured worker is currently diagnosed as having carpal tunnel syndrome, cubital tunnel syndrome, degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, and shoulder sprain/strain. Treatment to date has included right carpal tunnel release with revision, left carpal tunnel release, right ulnar nerve transposition for right cubital tunnel release, right shoulder MRI, cervical spine MRI, and medications. In a progress note dated 12/15/2014, the injured worker presented with complaints of cervical spine, lower back, right shoulder, and bilateral hand pain. The treating physician reported that the injured worker is on multiple pain medications and ultimately when her pain is under control, they will be weaning her off. According to the application, Independent Medical Review is being requested for Methocarbamol, Alprazolam, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg 1 tab TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The patient presents with diagnoses of carpal tunnel syndrome, cubital tunnel syndrome, degeneration of cervical intervertebral disc, degeneration of lumber intervertebral disc, displacement of lumber intervertebral disc with myelopathy and shoulder sprain/strain. The injured worker currently complains of cervical spine, lower back, right shoulder and bilateral hand pain. The current request is for Methocarbamol (Robaxin) 750mg 1 tab TID #90. Methocarbamol is a muscle relaxant. The treating physician states (37C) "Robaxin-750 750 MG Tablet 1 tablet every 8 hrs." Regarding muscle relaxants for pain, MTUS Guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In this case, the clinical history does not document how long the injured worker has been treating with Robaxin. However, usage is noted back to at least 11/10/14 (37C). MTUS Guidelines support the use of muscle relaxants for short course of therapy, but no more than 2 to 3 weeks. In this case, the patient has treated with this medication in excess of MTUS Guidelines in terms of duration. Therefore the requested methocarbamol 750 mg 1 TID #90 is not medically necessary.

Alprasolam 1mg 1 Tab TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with diagnoses of carpal tunnel syndrome, cubital tunnel syndrome, degeneration of cervical intervertebral disc, degeneration of lumber intervertebral disc, displacement of lumber intervertebral disc with myelopathy and shoulder sprain/strain. The injured worker currently complains of cervical spine, lower back, right shoulder and bilateral hand pain. The current request is for Alprasolam 1mg 1 Tab TID #90. Alprasolam belongs to a group of drugs called benzodiazepines. It works by slowing down the movement of chemicals in the brain that may become unbalanced. This results in a reduction in nervous tension (anxiety). The treating physician states (13B) "Alprazolam 1mg Tablet Take 1 Tablet by mouth every 8 hours as need for anxiety." MTUS Guidelines for Benzodiazepines state: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." In this case, the clinical history does

not document when the patient began using the medication however, usage is noted back to at least 1/21/14 (13B). Usage of the requested medication exceeds the 4-week limit that is recommended. Therefore, the current request is not medically necessary and the recommendation is for denial.

Lidoderm 5% patch 2 patches a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Lidocaine Page(s): 5,112.

Decision rationale: The patient presents with diagnoses of carpal tunnel syndrome, cubital tunnel syndrome, degeneration of cervical intervertebral disc, degeneration of lumber intervertebral disc, displacement of lumber intervertebral disc with myelopathy and shoulder sprain/strain. The injured worker currently complains of cervical spine, lower back, right shoulder and bilateral hand pain. The current request is for Lidoderm 5% patch 2 patches a day #60. Lidoderm patches is a local anesthetic. It works by stopping nerves from transmitting painful impulses to the brain. The treating physician states (13B), “Lidoderm 5% Patch 1 patch to intact skin remove after 12 hours once a day.” MTUS Guidelines state, "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)." MTUS Guidelines go on to also state, "Recommended for localized peripheral pain." When review ODG, 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 documenting pain and function. Review of the clinical history does not indicate how long the patient has been treating with Lidoderm patches however, treatment is noted back to at least 1/21/14 (13B). There is no documentation of positive response or improvement with utilizing Lidoderm patches. Therefore, the current request is not medically necessary and recommendation is for denial.