

Case Number:	CM13-0049794		
Date Assigned:	12/27/2013	Date of Injury:	12/06/2004
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year-old male sustained an injury on 12/6/04 while employed by the [REDACTED]. Requests under consideration include Dexamethasone 4mg x 9, Lidoderm Patch 5% 700mg x 90, Sumatriptan Succinate 100mg x 9, and Temazepam 15mg x 30. Apparently the patient has not been seen in a year. Report of 10/18/13 from [REDACTED] noted the patient with complaints of bilateral shoulder pain and neck 7/10 pain level with associated headaches. Exam showed decreased cervical range of motion; tenderness to palpation over the cervical paraspinal muscles as well as bilateral lumbar paraspinal muscles; tenderness at midline cervical region and over the lateral SI joints. Motor strength of deltoids at 4/5 and sensation reduced in C5 distribution. Requests were non-certified on 11/5/13 citing guidelines criteria and lack of medical necessity. Follow-up report on 12/9/13 from [REDACTED] noted the patient with continued same pain and headache complaints. Exam showed diffuse tenderness and decreased neck range of motion; however, with DTRs 2+ and 5/5 motor strength throughout upper and lower extremity muscles with intact sensory to light touch of C5-C8 and L2-S1. Diagnoses included spondylosis unspecified site without myelopathy; degenerative cervical disc and spinal stenosis; headache/migraine unspecified; long-term use of medications. Plan remained the same with medications refilled. Medications list Diazepam, Lidoderm, Naproxen, Norco, Nuvigil, Sumavel dosepro, Temazepam, Lidoderm patch and Topiramate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexamethasone; 4mg x 9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral corticosteroids, page 624

Decision rationale: This 53 year-old male sustained an injury on 12/6/04 while employed by the [REDACTED]. Apparently the patient has not been seen in a year. Report of 10/18/13 from [REDACTED] noted the patient with complaints of bilateral shoulder pain and neck 7/10 pain level with associated headaches. Exam showed decreased cervical range of motion with diffuse tenderness. Follow-up report on 12/9/13 from [REDACTED] noted the patient with continued same pain and headache complaints. Exam showed diffuse tenderness and decreased neck range of motion; however, with intact neurological DTRs 2+ and 5/5 motor strength throughout upper and lower extremity muscles with intact sensory to light touch of C5-C8 and L2-S1. Diagnoses included spondylosis unspecified site without myelopathy; degenerative cervical disc and spinal stenosis; headache/migraine unspecified; long-term use of medications. Plan remained the same with medications refilled. Medications list Diazepam, Lidoderm, Naproxen, Norco, Nuvigil, Sumavel dosepro, Temazepam, Lidoderm patch and Topiramate. Per the guidelines, oral corticosteroids (Dexamethasone) are not recommended for acute, sub-Acute and chronic spine pain due to the lack of sufficient literature evidence (risk vs. benefit, lack of clear literature) and association with multiple severe adverse effects with its use. There is also limited available research evidence which indicates that oral steroids do not appear to be an effective treatment for patients with spine problems and has serious potential complications associated with long-term use. The patient has treated for this 2004 injury without demonstrated functional improvement from medications already received. The Dexamethasone 4mg x 9 is not medically necessary and appropriate.

Lidoderm Patch 5%; 700mg x 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This 53 year-old male sustained an injury on 12/6/04 while employed by the [REDACTED]. Apparently the patient has not been seen in a year. Report of 10/18/13 from [REDACTED] noted the patient with complaints of bilateral shoulder pain and neck 7/10 pain level with associated headaches. Exam showed decreased cervical range of motion with diffuse tenderness. Follow-up report on 12/9/13 from [REDACTED] noted the patient with continued same pain and headache complaints. Exam showed diffuse tenderness and decreased neck range of motion; however, with intact neurological DTRs 2+ and 5/5 motor strength throughout upper and lower extremity muscles with intact sensory to light touch of C5-C8 and

L2-S1. Diagnoses included spondylosis unspecified site without myelopathy; degenerative cervical disc and spinal stenosis; headache/migraine unspecified; long-term use of medications. Plan remained the same with medications refilled. Medications list Diazepam, Lidoderm, Naproxen, Norco, Nuvigil, Sumavel dosepro, Temazepam, Lidoderm patch and Topiramate. The patient exhibits diffuse tenderness and pain on the exam to the spine with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for her diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. Lidoderm Patch 5% 700mg x 90 is not medically necessary and appropriate.

Sumatriptan Succinate ;100mg x 9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation information from the website <http://www.drugs.com/momograph/sumatriptan-succinate.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans, page 221

Decision rationale: This 53 year-old male sustained an injury on 12/6/04 while employed by the [REDACTED]. Apparently the patient has not been seen in a year. Report of 10/18/13 from [REDACTED] noted the patient with complaints of bilateral shoulder pain and neck 7/10 pain level with associated headaches. Exam showed decreased cervical range of motion with diffuse tenderness. Follow-up report on 12/9/13 from [REDACTED] noted the patient with continued same pain and headache complaints. Exam showed diffuse tenderness and decreased neck range of motion; however, with intact neurological DTRs 2+ and 5/5 motor strength throughout upper and lower extremity muscles with intact sensory to light touch of C5-C8 and L2-S1. Diagnoses included spondylosis unspecified site without myelopathy; degenerative cervical disc and spinal stenosis; headache/migraine unspecified; long-term use of medications. Plan remained the same with medications refilled. Medications list Diazepam, Lidoderm, Naproxen, Norco, Nuvigil, Sumavel dosepro, Temazepam, Lidoderm patch and Topiramate. Sumatriptan Succinate Imitrex Tablets are indicated for the acute treatment of migraine attacks with or without aura in adults. Serious cardiac events, including some that have been fatal, have occurred following the use of Imitrex Injection or Tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included coronary artery vasospasm, transient myocardial ischemia, myocardial infarction, ventricular tachycardia, and ventricular fibrillation. The medical report from [REDACTED] has no documentation for medical necessity of this medication and how it relates to the industrial injury under review. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of migraines as it relates to injury under review. There is no history of head trauma and previous use of Imitrex has not resulted in any documented functional improvement in pain relief or clinical findings as the patient

continues with 7/10 pain scale without objective changes. Medical necessity has not been established or demonstrated from the submitted reports. Sumatriptan Succinate 100mg x 9 is not medically necessary and appropriate.

Temazepam; 15mg x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

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

Decision rationale: Temazepam (Restoril) is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The Temazepam 15mg x 30 is not medically necessary and appropriate.