

Case Number:	CM14-0125834		
Date Assigned:	09/24/2014	Date of Injury:	02/14/2011
Decision Date:	10/27/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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:

The patient is a 58-year-old female with date of injury of 02/14/2011. The listed diagnoses per [REDACTED] from 06/20/2014 are: 1. Musculoligamentous sprain/strain of the cervical spine. 2. HNP C4/5 with myeloradiculopathy status post ACDF from 03/21/2013. 3. Lumbar spine strain instability, NFN L5/S1. According to the 06/25/2014 report, the patient complains of neck, shoulder and arm pain. She states there is a "popping" sensation. The patient rates her pain 4/5. Medications do help. She also has pain in the lower back which does not radiate. The examination shows normal reflex sensory and power testing to bilateral upper and lower extremities except numbness and weakness on the right at L5 and S1. Straight leg raise is positive on the right. The patient has an antalgic gait and is unable to heel walk and toe walk on the right. No cervical tenderness was noted. Marked lumbar spine tenderness. Cervical spine range of motion is decreased about 10%. Spurling sign is negative. Incision is well healed in the lumbar spine with 60% decrease in range of motion. The utilization review denied the request on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 6/25/2014) for Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter/Opioids, criteria for use

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

Decision rationale: This patient presents with neck, shoulder, arms, and low back pain. The treater is requesting Ultram 50 mg quantity #60. For chronic opiate use, the California Medical Treatment Utilization Schedule (MTUS) Guidelines page 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." California MTUS page 78 also require documentation of the 4 As including analgesia, ADLs, adverse side effects, and aberrant drug-seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Norco since 01/16/2014. The patient was prescribed Ultram on 05/23/2014. The 06/20/2014 report notes that the patient's pain with medication is 6/10 and without medication is 9/10. She states that "medications help." The treater does not provide specifics regarding activities of daily living (ADLs), no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. The urine drug screen (UDS) from 02/27/2014, 03/26/2014, and 05/23/2014 show inconsistent results. There is no discussion as to how the treater is addressing the results of the UDS. In this case, given the patient's inconsistent results and only partially met criteria. The requested treatment is not medically necessary and appropriate.

Retrospective request (DOS 6/25/2014) for Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, on cyclobenzaprine Page(s): 64.

Decision rationale: This patient presents with neck, shoulder, arms, and low back pain. The treater is requesting Flexeril 10 mg quantity #90. The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed cyclobenzaprine on 02/13/2014. In this case, California MTUS does not allow the long-term use of this medication the requested treatment is not medically necessary and appropriate.

Retrospective request (DOS 6/25/2014) for Lidoderm patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), (MTUS Page(s): 56,57,112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidoderm

Decision rationale: This patient presents with neck, shoulder, arms, and low back pain. The treater is requesting Lidoderm patches quantity #30. The California Medical Treatment Utilization Schedule (MTUS) 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 (tricyclic or SNRI antidepressants or antiepileptic drugs (AED) such as gabapentin or Lyrica)." California MTUS page 112 also states, "Lidocaine indication: Neuropathic pain recommended for localized peripheral pain." When reading Official Disability Guidelines (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 short-term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm patches on 06/20/2014. There is no documentation of the area of treatment including functional improvement with use. Furthermore, Lidoderm patches are indicated for peripheral, localized neuropathic pain, which this patient does not present with. The requested treatment is not medically necessary and appropriate.

Retrospective request (DOS 6/25/2014) for Celebrex 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS, Anti-inflammatory medications Page(s): 60,61,22.

Decision rationale: This patient presents with neck, shoulder, arms, and low back pain. The treater is requesting Celebrex 200 mg quantity #30. The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 22 on antiinflammatory medications states that antiinflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. The California (MTUS) Guidelines page 60 and 61 on medications for chronic pain states that it is recommended, however, the relief of pain with the use of medications is generally temporary and measure of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The records show that the patient has been on NSAIDs since 01/16/2014. The 06/20/2014 report notes, "Medications help..." In this case, the treater has documented medication efficacy and MTUS supports the use of NSAIDs are first line treatment to reduce pain. The requested treatment is medically necessary and appropriate.

Retrospective request (DOS 6/25/2014) for Prilosec 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter/Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68,69.

Decision rationale: This patient presents with neck, shoulder, arms, and low back pain. The treater is requesting Prilosec 40 mg quantity #60. The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 68 and 69 on non-steroidal anti-inflammatory drugs (NSAIDs), GI symptoms, and cardiovascular risks states that it is recommended with precaution to determine if patients are at risk for gastrointestinal events: Age is greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA or corticosteroids, and anticoagulants; and high-dose multiple NSAIDs. The records show that the patient has been utilizing pantoprazole since 01/16/2014. Although the patient is on Celebrex, there is no documentation of GI risk assessment or GI issues. The requested treatment is not medically necessary and appropriate.