

Case Number:	CM14-0148859		
Date Assigned:	09/18/2014	Date of Injury:	03/16/2001
Decision Date:	10/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/12/2014

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, 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:

This is a 41-year-old female with a date of injury of 3/16/01. The mechanism of injury occurred when she was pushing a wheelchair and it abruptly stopped, jamming her left wrist/thumb. She had been on Flexeril for many months and on 7/17/14 the Flexeril was changed to Skelaxin due to ineffectiveness per the patient for her muscle spasms. On 8/14/14 she complained of left upper extremity pain and left wrist pain. She rates the pain 9/10 with meds and 10/10 without meds. She continues to have neuropathic pain and wants to try neuropathic medication for this. Lyrica was too sedating as was Topamax, which she stated she stopped a month ago. She cannot recall what the side effects from Cymbalta were but she thinks she may have thrown up blood. She noted the Skelaxin works better than Flexeril and the pounding in her chest is not as severe as when she takes Flexeril. On exam she was in mild distress, anxious and in mild pain. Her left hand reveals fingers contracted in a fist and range of motion is restricted with pain. There was allodynia and hyperalgesia in 4 limbs, worse to the distal left upper extremity. The provider noted he will continue Pristiq for mood improvement and may consider Lexapro if she continues to note severe mood swings. The diagnostic impression is extremity pain, RSD upper limb, and hand pain. Treatment to date: medication management, H-Wave Unit A UR decision dated 9/2/14 denied the requests for Lidocaine 5% ointment, Pristiq, and Skelaxin. The Lidocaine 5% ointment was denied because there is no presenting clinical indication in the medical reports that the patient has had failure of oral medications. CA MTUS states that Lidocaine is "largely experimental in use with few randomized controlled trials to determine efficacy or safety". The guidelines also state that topical Lidocaine is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Pristiq was denied because there is no presenting history that the patient has been on a tricyclic antidepressant medication, which is considered the first-line treatment for neuropathic pain. There has also not been defined

functional gain attributed to Pristiq. The Skelaxin was denied because there has not been functional gain attributed to the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Ointment #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics, Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, Lidocaine is not supported by guidelines and any product that contains at least one drug that is not recommended is not recommended. Lidocaine is only supported as a transdermal patch, not in the form of cream and/or ointment. In addition, the request does not specify a quantity. Therefore, the request for Lidocaine 5% ointment #1 was not medically necessary.

Pristiq 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Antidepressants Other Medical Treatment Guideline or Medical Evidence: FDA Pristiq

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. However, the patient is taking Pristiq for mood swings per the notes on 8/14/14. Pristiq is a selective serotonin and norepinephrine reuptake inhibitor (SNRI). It is an antidepressant indicated for the treatment of major depressive disorder in adults. Pristiq is not approved for use in treating bipolar depression. The patient does not have a current diagnosis of major depressive disorder. In addition, it was noted on 8/14/14 that the provider might consider Lexapro if the patient continues to note severe mood swings. Therefore, the request for Pristiq 100mg #30 was not medically necessary.

Skelaxin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants maybe 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, the patient has been on Flexeril, a muscle relaxant for many months and was changed to Skelaxin on 7/17/14 due to ineffectiveness reported by the patient. There was no documentation of an acute exacerbation of the patient's chronic pain. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. In addition, this is noted to be a refill for Skelaxin. Therefore, the request for Skelaxin 800mg #60 was not medically necessary.