

Case Number:	CM14-0095525		
Date Assigned:	07/25/2014	Date of Injury:	03/26/2010
Decision Date:	10/06/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 Pain Management 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 female patient with a date of injury of March 26, 2010. A utilization review determination dated June 10, 2014 recommends non-certification of Lidoderm patches one box with 5 refills, Robaxin 750 mg #60 with 5 refills, Restoril 15 mg #30 with 5 refills, and Norco 10/325 mg #100 with 5 refills. A progress note dated May 5, 2014 identifies subjective complaints of a recent epidural injection that provided 30% relief of neck symptoms and 25% relief of bilateral arm symptoms for about two weeks. The patient reports constant moderate to severe neck pain which is located at the base of the neck and continues to her shoulders as well as her shoulder blades with radiation down both arms which extends to her right upper arm and to her left hand with associated numbness and tingling in the left-hand. The patient states that her left arm is worsening with increased numbness and tingling down the arm. The patient previously underwent a right shoulder arthroscopy for a subacromial decompression and a complete distal clavicle resection on July 15, 2011 as well as a tennis elbow release and carpal tunnel release plus an ulnar nerve release in March 2010. The patient reports frequent moderate to severe right shoulder pain and frequent severe right and left elbow pain. The patient is currently taking Robaxin plus she continues to take Restoril at night. An AME report contains recommendations for treatment of the cervical spine which included one additional cervical epidural injection but there were no comments referencing any possible surgical intervention, no additional treatment was recommended for the right shoulder and for the right elbow, right wrist, and left wrist due to the patient has reached a plateau. Physical examination of the cervical spine identifies range of motion restricted with flexion of 20, extension of 25, rotation of 30, and lateral bending of 15. There is tenderness to palpation over the cervical spinous processes mainly at the base of the neck, moderate tenderness in the paraspinal muscles, mild to moderate tenderness in the trapezius muscles, and there is moderate tenderness over the nerve roots on

both sides of the neck. The upper extremities reveal deep tendon reflexes are 1+ symmetrical at the biceps, motor strength in the upper extremities demonstrates grade 5 strength bilaterally, and mild grade 4 weakness of the biceps muscles bilaterally. The right shoulder reveals surgical incisions that are healed nicely, right shoulder range of motion shows flexion of 175, abduction of 180, external rotation of 85 and internal rotation of 90. There is minimal crepitus with range of motion testing, rotational impingement test is minimally positive, overhead impingement tests is very mildly positive, there is moderate tenderness in the trapezius muscle which extends to the right side of the neck in the area of the brachial plexus and the nerve roots, mild tenderness to the distal clavicle and the acromion process, mild tenderness over the rotator cuff, and minimal tenderness to the anterior shoulder capsule. The right elbow reveals a surgical incision that is healed nicely, range of motion shows flexion of 147 an extension of 0 with supination of 90 and pronation of 90, there is mild tenderness at the lateral epicondyle, mild tenderness in the common extensor tendon, minimal tenderness to the medial epicondyle, minimal tenderness over the cubital tunnel associated with a minimally positive Tinel's sign, and there is no lateral elbow pain. The right wrist reveals a nicely healed surgical incision and very mild tenderness over the surgical scar. The diagnoses include degenerative disc disease and spondylosis of the cervical spine associated with right upper extremity radiculitis and possible bilateral upper extremity radiculopathy, right shoulder subacromial impingement syndrome status post surgery, right elbow lateral epicondylitis, common extensor tendinitis, as well as cubital tunnel syndrome status post surgery associated with medial epicondylitis, left elbow lateral epicondylitis and common extender tendinitis as well as cubital tunnel syndrome associated with medial epicondylitis, right carpal tunnel syndrome associated with flexor tendon tenosynovitis and impingement of the median nerve as well as ulnar nerve entrapment in Guyon's canal status post surgery, left carpal tunnel syndrome associated with flexor tendon tendosynovitis and impingement of the median nerve, and morbid exogenous obesity. The treatment plan recommends continuation of a home exercise program for the right shoulder, right elbow, and right wrist, continue with Robaxin 750 mg, continue with Lidoderm patches, and a prescription refill for Restoril 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 1 Box with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: Regarding request for topical Lidoderm patches 1 box with 5 refills, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested topical Lidoderm patches 1 box with 5 refills is not medically necessary.

Robaxin 750mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Robaxin 750mg #60 with 5 refills, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Robaxin specifically is thought to work by general depression of the central nervous system. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Robaxin. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Robaxin 750mg #60 with 5 refills is not medically necessary.

Restoril 15mg #30 with 5 refills: 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) Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for Restoril 15mg #30 with 5 refills, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, it is unclear what diagnosis the Restoril is being prescribed to treat. There are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement as a result of the use of the Restoril. Finally, there is no indication that the Restoril is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Restoril 15mg #30 with 5 refills is not medically necessary.

Norco 10/325mg #100 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 of 127

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen) 10/325mg #100 with 5 refills, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco 10/325mg #100 with 5 refills is not medically necessary.

