

Case Number:	CM15-0114194		
Date Assigned:	06/22/2015	Date of Injury:	03/31/2007
Decision Date:	07/27/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 43 year old female, who sustained an industrial injury on 3/31/2007, as a result of cumulative trauma. The injured worker was diagnosed as having cervical radiculopathy, insomnia due to pain, carpal tunnel syndrome right wrist, shoulder strain, and intervertebral cervical disc disorder with myelopathy of the cervical region. Treatment to date has included diagnostics, cervical spinal surgery x2, physical therapy, H wave, chiropractic, mental health treatment, and medications. On 5/21/2015, the injured worker complains of progressive neck pain. She reported no longer sleeping at night due to pain. Her pain had multiple characteristics and affected the bilateral shoulders. Her scapula had the most pain currently, stating that if anything touched her shoulder, it sent a sharp pain down her neck. She also reported sharp burning pain radiating to her fingers and numbness to her fingertips and portions of her right forearm. Current medications included Cymbalta, Tramadol, Percocet, Fentanyl, Lidoderm, Robaxin, and Trazadone. Her pain was everywhere, especially her shoulders and neck, and rated 10/10. The use of Zofran, Methocarbamol, and Lidoderm patches was noted for at least 6 months. Physical exam of the cervical spine noted tenderness to palpation of the paraspinal and spinous processes and decreased range of motion. Facet loading was positive bilaterally. Spurling's, Neer's, Hawkin's Tinel's, and Phalen's tests were positive. Tenderness to palpation was also noted along the scapula and subacromial space. Upper extremity strength was 5/5, noting right side mildly weaker, noting positive essential tremor, and upper extremity sensation was intact. Allodynia and hyperalgesia was noted on bilateral forearms. The treatment plan included continued medications and urine toxicology. It was noted

that opiate contract would need to be done. Neurontin would be provided to use while weaning from narcotics. She was not working. A previous progress report (2/26/2015) noted a signed opiate agreement and no signs of aberrant behavior. Gabapentin was documented as past failed treatment. Urine toxicology (2/26/2015) was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg, 1 tab every 8 hour as needed for nausea, #90: Upheld

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

Decision rationale: Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is not effective for nausea associated with narcotic analgesics. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Comprehensive UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient had a previous urine drug screen reported in June, 2014, and there was no indication to repeat this test in a short time interval. In this case, this was not found to be medically necessary. Therefore, the requested urine drug screenings are not medically necessary.

Methocarbamol 750mg, 2 tabs every 3 hours, #240: 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 Page(s): 63, 66.

Decision rationale: Robaxin (Methocarbamol) is an antispasmodic muscle relaxant. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. According to CA MTUS Guidelines, muscle relaxants are not recommended for the long-term treatment of chronic pain. They are not recommended to be used for longer than 2-3 weeks. There is no documentation of functional improvement from any previous use of this medication. According to the guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Lidoderm 5%, 700mg/patch, 1 patch daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Topical analgesics.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants (AED) have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. In this case, the patient has not failed first-line medication (currently on SNRI Duloxetine). Medical necessity of the requested 5% Lidoderm patches has not been established. The requested Lidoderm patches are not medically necessary.