

Case Number:	CM15-0119463		
Date Assigned:	06/29/2015	Date of Injury:	05/29/2013
Decision Date:	08/20/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on 05/29/2013 secondary to moving, lifting, and throwing rocks and cement blocks near hillside, resulting in a hot sensation and pain in the neck and upper back. On provider visit dated 05/06/2015 the injured worker has reported worsening pain and numbness in fingers. On examination the reflex, sensory and power testing were normal in the bilateral upper and lower extremities. Mild cervical tenderness was noted, with muscle spasms in the paraspinal musculature. Cervical spine range of motion was decreased. The diagnoses have included cervical stain, cervical disc herniation C5-6 and thoracolumbar strain. Treatment to date has included medication. The provider requested Lidocaine 5% patches, Naproxen, Ultram and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Pain Outcomes and Endpoints Page(s): 56-57, 111-113, 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches.

Decision rationale: The patient presents on 05/06/15 with worsening pain in an unspecified location (presumably neck) and associated numbness in the fingers. The pain is rated 9/10. The patient's date of injury is 05/29/13. Patient has no documented surgical history directed at this complaint. The request is for LIDOCAINE 5% PATCHES #30. The RFA is dated 05/07/15. Physical examination dated 05/06/15 reveals tenderness to palpation of the cervical paraspinal muscles with spasms noted, 20% reduced range of motion of the cervical spine, and otherwise normal reflex, sensory, and strength in the bilateral upper extremities. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the cervical spine dated 10/22/13, significant findings include: "Posterior left C5-6 disc osteophyte complex contacting the ventral hemi-cord and extending into the left neural foramen. Posterior central 3mm C6-7 disc protrusion." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment 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 - tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. Page 112 also states, Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain. When reading 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 a short-term use with outcome documented for pain and function. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In regard to the request for Lidoderm patches for this patient's chronic neck pain, such patches are not indicated for this patient's chief complaint. It is unclear how long this patient has been prescribed Lidocaine patches or to what effect. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with cervical pain with a radicular symptoms in the bilateral upper extremities, not a localized neuropathic pain amenable to Lidocaine patches. Owing to a lack of guideline support for this patient's chief complaint, the use of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Naproxen 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8-9.

Decision rationale: The patient presents on 05/06/15 with worsening pain in an unspecified location (presumably neck) and associated numbness in the fingers. The pain is rated 9/10. The patient's date of injury is 05/29/13. Patient has no documented surgical history directed at this

complaint. The request is for NAPROXEN 550MG #90. The RFA is dated 05/07/15. Physical examination dated 05/06/15 reveals tenderness to palpation of the cervical paraspinal muscles with spasms noted, 20% reduced range of motion of the cervical spine, and otherwise normal reflex, sensory, and strength in the bilateral upper extremities. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the cervical spine dated 10/22/13, significant findings include: "Posterior left C5-6 disc osteophyte complex contacting the ventral hemi-cord and extending into the left neural foramen. Posterior central 3mm C6-7 disc protrusion." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In regard to the continuation of Naproxen for this patient's chronic pain, the request is appropriate. It is unclear how long this patient has been prescribed Naproxen. Addressing the efficacy of medications, progress note dated 05/11/15 states: "The pain is decreased with medications but these have not been authorized" though does not specifically address Naproxen. Given the documented pain reduction attributed to medications and the conservative nature of NSAIDs, continuation of Naproxen is substantiated. The request IS medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 79; 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents on 05/06/15 with worsening pain in an unspecified location (presumably neck) and associated numbness in the fingers. The pain is rated 9/10. The patient's date of injury is 05/29/13. Patient has no documented surgical history directed at this complaint. The request is for ULTRAM 50MG #60. The RFA is dated 05/07/15. Physical examination dated 05/06/15 reveals tenderness to palpation of the cervical paraspinal muscles with spasms noted, 20% reduced range of motion of the cervical spine, and otherwise normal reflex, sensory, and strength in the bilateral upper extremities. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the cervical spine dated 10/22/13, significant findings include: "Posterior left C5-6 disc osteophyte complex contacting the ventral hemi-cord and extending into the left neural foramen... Posterior central 3mm C6-7 disc protrusion..." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of

Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." In regard to the continuation of Ultram for this patient's chronic intractable pain, the treating physician has not provided adequate documentation to substantiate further use. Progress note dated 05/11/15 notes that this patient has had some difficulty obtaining medications, though she has been prescribed Ultram since at least 12/18/14. It is not clear if the patient was taking Ultram at the time of the examination, however the provider does request a urine drug screening to ensure medication compliance. In regard to efficacy, the documentation is vague, stating: "The pain is decreased with medications but these have not been authorized... medications help but she needs refills..." MTUS requires documentation of analgesia via a validated scale, activity-specific functional improvements, documented consistency with prescribed medications, and a stated lack of aberrant behavior. In this case, there is no use of a validated scale, no specific functional improvements, no discussion of UDS consistency or a stated lack of aberrant behavior. Without such documentation, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 42-43.

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

Decision rationale: The patient presents on 05/06/15 with worsening pain in an unspecified location (presumably neck) and associated numbness in the fingers. The pain is rated 9/10. The patient's date of injury is 05/29/13. Patient has no documented surgical history directed at this complaint. The request is for FLEXERIL 10MG #90. The RFA is dated 05/07/15. Physical examination dated 05/06/15 reveals tenderness to palpation of the cervical paraspinal muscles with spasms noted, 20% reduced range of motion of the cervical spine, and otherwise normal reflex, sensory, and strength in the bilateral upper extremities. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the cervical spine dated 10/22/13, significant findings include: "Posterior left C5-6 disc osteophyte complex contacting the ventral hemi-cord and extending into the left neural foramen. Posterior central 3mm C6-7 disc protrusion." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 12/18/14. Guidelines

indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 90 tablets in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.