

Case Number:	CM15-0126318		
Date Assigned:	07/10/2015	Date of Injury:	10/08/2014
Decision Date:	08/25/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/30/2015

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 (IW) is a 43-year-old male who sustained an industrial injury on 10/08/2014. Diagnoses include cervical strain/sprain with findings suggestive of radiculopathy; trapezial bilateral strain; and thoracic back strains bilaterally. Treatment to date has included medications, physical therapy, chiropractic treatment and activity modification. According to the progress notes dated 5/14/15, the IW reported severe pain persisted in the affected areas, but flexibility was improved with the therapy he received. He used Terocin patches at night, which improved his sleep. On examination, the trapezius muscles were tender bilaterally, worse on the left, and guarded to palpation. Spurling's test sent pain down the trapezius into the deltoid and upper extremities bilaterally, worse on the right. The cervical spine was noted to be tender, with guarding noted, along the articular pillars posteriorly. Extension was about 15 degrees and forward flexion was chin-to-chest. Rotation left and right was 70 degrees. There was tenderness and guarding of the thoracic spine as well, with full flexion and only 5 degrees of extension. Pain was noted along the facet joints to about T5, with positive Spurling's sign causing nerve root irritation radiating to the left shoulder. It was noted an MRI of the cervical spine indicated areas of degenerative joint disease and disc protrusion at multiple levels, C2-C3 and C3-C4, was consistent with the IW's presentation. The medications prescribed decreased the IW's VAS pain score by 50% from 7/10 to 3/10, improving his activity of daily living to sleep. A request was made for retrospective review for Tramadol XR 150mg, #60 for increased pain during the day; Terocin patch #30 for radiating nerve pain at the neck/shoulder junction; Cyclobenzaprine 7.5mg, #60 for spasms; and Fenoprofen 400mg, #90 for inflammation and discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fenoprofen 400mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. 60.

Decision rationale: The patient presents with neck, shoulder, and back pain. The request is for RETROSPECTIVE REQUEST FOR FENOPROFEN 400MG #90. The request for authorization is not provided. MRI of the cervical spine, 12/04/14, shows varying degrees of mild posterior disk changes with C4-5 and C5-6. Physical examination reveals that he has trapezial musculature bilaterally that is tender. The muscles are guarded to palpation, particularly on the left side where it is much more tender. He has what appears to be a comparative positive Spurling finding sending pain down the trapezius into the deltoid and into the upper extremities bilaterally with the right side being much more irritable than the left. On the left side, he does have a positive finding as well, however. The radicular pattern does follow along the left side along the trapezius and the deltoid musculature also. There is inhibited translation motion of the cervical spine with some guarding noted and tenderness on palpation along the articular pillars posteriorly with inhibitory translation motion as previously stated. The muscles are still guarded, irritable, and tender. The thoracic spine is tender to palpation with muscle guarding noted on examination as well. He does have pain along the facet joints along the upper thoracic region to about T5. Positive Spurling's sign with nerve root irritation radiating to the left shoulder. The medication reduced pain VAS score by 50% from 7/10 to 3/10, and improved his ADL function of sleep and appears very effective for him. Per return to work status report dated 04/23/15, the patient is on modified work. 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 05/14/15, treater's reason for the request is "for the inflammation and discomfort, as it does provide relief." Patient has been prescribed Fenoprofen since at least 12/23/14. Per progress report dated 05/14/15, treater states, "The medication reduced pain VAS score by 50% from 7/10 to 3/10, and improved his ADL function of sleep and appears very effective for him." In this case, the treater has documented pain reduction and functional improvement resulting from using Fenoprofen. MTUS allows the use of anti-inflammatories as a traditional first line of treatment to reduce pain so activity and functional restoration can resume. Therefore, the request WAS medically necessary.

Retrospective request for Tramadol XR 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents with neck, shoulder, and back pain. The request is for RETROSPECTIVE REQUEST FOR TRAMADOL XR 150MG #60. The request for authorization is not provided. MRI of the cervical spine, 12/04/14, shows varying degrees of mild posterior disk changes with C4-5 and C5-6. Physical examination reveals that he has trapezial musculature bilaterally that is tender. The muscles are guarded to palpation, particularly on the left side where it is much more tender. He has what appears to be a comparative positive Spurling finding sending pain down the trapezius into the deltoid and into the upper extremities bilaterally with the right side being much more irritable than the left. On the left side, he does have a positive finding as well, however. The radicular pattern does follow along the left side along the trapezius and the deltoid musculature also. There is inhibited translation motion of the cervical spine with some guarding noted and tenderness on palpation along the articular pillars posteriorly with inhibitory translation motion as previously stated. The muscles are still guarded, irritable, and tender. The thoracic spine is tender to palpation with muscle guarding noted on examination as well. He does have pain along the facet joints along the upper thoracic region to about T5. Positive Spurling's sign with nerve root irritation radiating to the left shoulder. The medication reduced pain VAS score by 50% from 7/10 to 3/10, and improved his ADL function of sleep and appears very effective for him. Per return to work status report dated 04/23/15, the patient is on modified work. MTUS Guidelines pages 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." MTUS page 78 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. Per progress report dated 05/14/15, treater's reason for the request is "for increased pain and during the day." Patient has been prescribed Tramadol since at least 02/19/15. MTUS requires appropriate discussion of the 4A's, and treater discusses how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also discussed, specifically showing significant pain reduction with use of Tramadol. Per progress report dated 05/14/15, treater states, "The medication reduced pain VAS score by 50% from 7/10 to 3/10, and improved his ADL function of sleep and appears very effective for him." However, no validated instrument is used to show functional improvement. There is no documentation regarding side effects nor documentation regarding aberrant drug behavior. No UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request WAS NOT medically necessary.

Retrospective request for Terocin patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56, 57.

Decision rationale: The patient presents with neck, shoulder, and back pain. The request is for RETROSPECTIVE REQUEST FOR TEROGIN PATCH #30. The request for authorization is not provided. MRI of the cervical spine, 12/04/14, shows varying degrees of mild posterior disk changes with C4-5 and C5-6. Physical examination reveals that he has trapezial musculature bilaterally that is tender. The muscles are guarded to palpation, particularly on the left side where it is much more tender. He has what appears to be a comparative positive Spurling finding sending pain down the trapezius into the deltoid and into the upper extremities bilaterally with the right side being much more irritable than the left. On the left side, he does have a positive finding as well, however. The radicular pattern does follow along the left side along the trapezius and the deltoid musculature also. There is inhibited translation motion of the cervical spine with some guarding noted and tenderness on palpation along the articular pillars posteriorly with inhibitory translation motion as previously stated. The muscles are still guarded, irritable, and tender. The thoracic spine is tender to palpation with muscle guarding noted on examination as well. He does have pain along the facet joints along the upper thoracic region to about T5. Positive Spurling's sign with nerve root irritation radiating to the left shoulder. The medication reduced pain VAS score by 50% from 7/10 to 3/10, and improved his ADL function of sleep and appears very effective for him. Per return to work status report dated 04/23/15, the patient is on modified work. 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 (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS 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 documenting pain and function. Per progress report dated 05/14/15, treater's reason for the request is "to apply in the neck shoulder junction where the radiating nerve pain is coming from as this has been very effective." Patient has been prescribed Terocin Patch since at least 01/23/15. In this case, the patient does not present with localized peripheral pain, for which Terocin Patch would be indicated. Furthermore, the treater has not provided any documentation showing evidence of a trial of first-line therapy. Therefore, the request WAS NOT medically necessary.

Retrospective request for Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: The patient presents with neck, shoulder, and back pain. The request is for RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE 7.5MG #60. The request for

authorization is not provided. MRI of the cervical spine, 12/04/14, shows varying degrees of mild posterior disk changes with C4-5 and C5-6. Physical examination reveals that he has trapezial musculature bilaterally that is tender. The muscles are guarded to palpation, particularly on the left side where it is much more tender. He has what appears to be a comparative positive Spurling finding sending pain down the trapezius into the deltoid and into the upper extremities bilaterally with the right side being much more irritable than the left. On the left side, he does have a positive finding as well, however. The radicular pattern does follow along the left side along the trapezius and the deltoid musculature also. There is inhibited translation motion of the cervical spine with some guarding noted and tenderness on palpation along the articular pillars posteriorly with inhibitory translation motion as previously stated. The muscles are still guarded, irritable, and tender. The thoracic spine is tender to palpation with muscle guarding noted on examination as well. He does have pain along the facet joints along the upper thoracic region to about T5. Positive Spurling's sign with nerve root irritation radiating to the left shoulder. The medication reduced pain VAS score by 50% from 7/10 to 3/10, and improved his ADL function of sleep and appears very effective for him. Per return to work status report dated 04/23/15, the patient is on modified work. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Cyclobenzaprine(Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per progress report dated 05/14/15, treater's reason for the request is "for spasticity as the spasm persists." Patient has been prescribed Cyclobenzaprine since at least 12/08/14. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Cyclobenzaprine #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request WAS NOT medically necessary.