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| Case Number: | CM15-0178077 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 01/09/1996 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 59 year old female, who sustained an industrial injury on 1-9-96. She is diagnosed with chronic neck pain degenerative disorder, chronic pain disorder, chronic low back pain, chronic shoulder pain, headaches, anxiety and depression. A note dated 8-26-15 revealed the injured worker presented with complaints of daily neck, shoulders, upper arms and low back pain. She complained of poor exercise tolerance and endurance to prolonged static posture, repetitive activity and activities of daily living. Her pain level was rated at 4-7 out of 10. Physical examinations dated 7-28-15 and 8-26-15 revealed shoulder range of motion was within functional limits, there was crepitus in the patella and shoulder, tenderness in the acromioclavicular joint, supra-infraspinatus, paraspinals, lateral low buttock, greater trochanter and, ileotibial band. Straight leg raise to 36 degrees with back pain. There was a soft, tender palpable nodule on the left side of C6-C8 with radiating pain to the left shoulder blade. Pin-prick was diminished in lateral epicondyle. Treatment to date has included TENS unit and home exercise program, the therapeutic response was not included. An MRI dated 5-22-15 reveals various degrees of disc protrusion from 1mm to 3mm, per physician note dated 8-26-15. The other medications listed are Seroquel, Paxil, Cymbalta, Xanax, nortriptyline and Amitiza, The UDS reports were noted to be consistent with prescribed medications. A request for authorization dated 8-26-15 for Flurbiprofen 20%, Lidocaine 5%, 4 grams 2-3 times a day as needed is non-certified, Cyclobenzaprine 10%, Lidocaine 2%, 4 grams 2-3 times a day as needed is non-certified, Methadone 10 mg & #130; ½ tablet by mouth twice a day if with flare up #40 is modified to one month supply, and Zanaflex 2 mg 1 twice a day as needed #60 is modified to #30, per Utilization Review letter dated 9-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Lidocaine 5%, 4 gm top twice a day-three times a day as needed:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line orally administered anticonvulsant and antidepressant co-analgesic medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The records did not show that the first line medication have failed. The guidelines recommend that topical analgesic agents be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of topical formulations of NSAIDs in combination with lidocaine for the treatment of chronic musculoskeletal pain. The criteria for the use of flurbiprofen 20%, lidocaine 5% 4gm twice a day to three times a day as needed was not medically necessary.

Cyclobenzaprine 10%, Lidocaine 2% 4gm twice a day-three times a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line orally administered anticonvulsant and antidepressant co-analgesic medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The records did not show that the first line medication have failed. The guidelines recommend that topical analgesic agents be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of topical formulations of cyclobenzaprine in combination with lidocaine for the treatment of chronic musculoskeletal pain. The criteria for the use of cyclobenzaprine 10%, lidocaine 2% 4gm twice a day to three times a day as needed was not medically necessary.

Methadone 10mg 1/2 by mouth twice a day if with flare up qty: 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Methadone, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, specific drug list, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs, non opioid co-analgesics, exercise and PT. The chronic use of opioid can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with psychiatric and sedative medications. The guidelines recommend that the use of methadone be limited as last opioid choice for patients with a past history of addiction or detoxification who have failed treatment with other first line opioid medications. The routine monitoring of EKG is advised during chronic opioid treatment to identify methadone induced QT changes. The records did not show that the patient failed treatment with first line opioid medications. There is no documentation of past history of detox treatment of EKG monitoring. There is increased risk of medication interaction due to concurrent use of multiple psychiatric medications and other sedative agents. The criteria for the use of methadone 10 mg 1/2 tablet twice a day for flare ups #40 was not medically necessary. The CA MTUS and the ODG guidelines recommend that methadone 10mg 1/2 by mouth twice a day #40 was not met. The criteria for the use of methadone 10mg.

Zanaflex 2mg 1 twice a day as needed qty: 60 without future auto refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The records indicate that the use of Zanaflex had exceeded that guidelines recommended maximum period of 4 to 6 weeks. The utilization of multiple psychiatric and sedative medications increases the incidence of adverse medication reaction. The criteria for the use of Zanaflex 2mg 1 twice a day as needed #60 was not medically necessary.

