

Case Number:	CM15-0032186		
Date Assigned:	02/25/2015	Date of Injury:	07/13/2012
Decision Date:	05/11/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65-year-old male who reported an injury on 07/13/2012. He had complained of neck pain, low back pain and bilateral shoulder pain, as well as bilateral elbow pain rated up to as high as 8/10. Treatment to date included 18 sessions of physical therapy and chiropractic treatments. It had also been indicated that the injured worker was suffering from depression and difficulty sleeping. He denied suicidal ideation or homicidal risk, with no past psychiatric treatments identified. His Beck Anxiety Inventory score was 32 and Beck Depression Inventory stated as 25 with associated headaches, pain in his legs, coughing and dizziness. The injured worker had been prescribed tizanidine, Butrans patch and Naprosyn. He had also undergone electromyography and nerve conduction studies of the bilateral lower extremities and MRI of the lumbar spine and had been diagnosed with chronic right L5 radiculopathy and chronic left L5-S1 radiculopathy, as well as bulging discs at the C4 and C5 levels and L4-5 levels. Prior requests made for lidocaine patches, tizanidine and naproxen had been declined with no medical records providing failure of previous oral adjuvant analgesics, such as antidepressants or anticonvulsants, no documentation of muscle spasticity necessitating tizanidine and no long term recommendation for the use of naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Psychiatric 10 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practices Guidelines, 2nd Edition, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: According to the California MTUS Guidelines, although consultation with a licensed psychiatrist may have been indicated, it was noted that the injured worker had previously been certified for a consultation with a psychiatrist in 02/2015. In regard to the 10 visits, this request exceeds the maximum allowance under the California MTUS Guidelines for initial sessions. The guidelines support up to 3 to 4 sessions over 2 weeks with additional sessions warranted after evidence of objective functional improvement. However, without meeting all the criteria for the prior request, the consultation with psychiatric 10 visits is not considered medically necessary.

Tizanidine 4mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: The California MTUS Guidelines indicate that the use of tizanidine is for treatment of muscle spasticity and/or muscle spasm. However, the most recent clinical documentation provided for review is dated 01/12/2015 with no identification that the injured worker had any form of muscle spasticity to necessitate the use of tizanidine. Additionally, there were no recent documentations of specific significant to include a comprehensive physical examination regarding the injured worker's pathology at this time. Therefore, the request is not medically necessary.

Naproxen 550mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroid anti-inflammatory drugs (NSAIDS) Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66-73.

Decision rationale: With naproxen identified as a nonsteroidal anti-inflammatory drug, common use of this medication is warranted for a short duration. However, without having any recent clinical documentation provided for review of the injured worker's medical status, ongoing use of this medication cannot be supported. The most recent clinical documentation was dated

01/12/2015 with no indication of the injured worker's etiology to determine if ongoing use of naproxen is medically necessary. The guidelines indicate that ongoing and repeated checks of the injured worker's vital signs to include blood pressure checks must be indicated for ongoing use of NSAIDs to determine if any side effects may have been identified. However, without having any recent clinical notes to include a comprehensive physical examination with a current blood pressure check of the injured worker and no indication if this medication has been effectively reducing the injured worker's symptoms in recent weeks, the request cannot be supported and is not considered medically necessary.

Lidocaine Patch 5% #30 with 2 refills: Upheld

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

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

Decision rationale: Under the California MTUS Guidelines topical analgesics are commonly only warranted for injured workers who are either unable to take oral medications/analgesics or who are weaning off opioids. Additionally, injured workers who are indicating the use of lidocaine or Lidoderm patches, must have history of trying and failing a first line treatment of either a tricyclic or SNRI antidepressants or AED such as gabapentin or Lyrica. However, there is a lack of information pertaining to the injured worker having tried and failed any of these prior medications warrant the use of lidocaine patch. Lastly, there were no current clinical documentations identifying a particular area of the body the injured worker has treated and whether or not this medication has been effectively reducing his symptoms to support ongoing use. Therefore, the request is not medically necessary.