MAXIMUS Federal Services

Case Number:	CM15-0063339		
Date Assigned:	04/09/2015	Date of Injury:	09/05/1989
Decision Date:	05/13/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/03/2015

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, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 an 81-year-old female, who sustained an industrial injury on September 5, 1989. She reported slipping and falling. The injured worker was diagnosed as having cervical degenerative joint disease (DJD) status post fusion with poor range of motion (ROM) and advancement of lumbar pain status post L4-L5 anterior cervical discectomy and fusion (ACDF). Treatment to date has included cervical fusion, left rotator cuff repair, AC joint repair, x-rays, MRIs, myelogram, massage therapy, TENS, trigger point injections, physical therapy, electromyography (EMG), and medication. Currently, the injured worker complains of lumbar pain, weakness in the legs, numbness in the back and thighs, and decreased grip strength. The Primary Treating Physician's report dated January 7, 2015, noted the Physician's review of the neurosurgical report and radiologic findings, noting that with the advancement of scoliosis and spinal stenosis radiographically and symptomatically would make the proposed lumbar surgery a priority over the redo cervical surgery. The physical examination was noted to show the neck diffusely tight but non-tender. The treatment plan included renewal of the Celebrex and Flector patches. A Primary Treating Physician's note dated March 16, 2015, noted the injured worker was unable to see the provider due to the schedule, with a treatment plan of Ultracet, Celebrex, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Lidoderm Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The injured worker sustained a work related injury on September 5, 1989. The medical records provided indicate the diagnosis of cervical degenerative joint disease (DJD) status post fusion with poor range of motion (ROM) and advancement of lumbar pain status post L4-L5 anterior cervical discectomy and fusion (ACDF). Treatment to date has included cervical fusion, left rotator cuff repair, AC joint repair, x-rays, MRIs, myelogram, massage therapy, TENS, trigger point injections, physical therapy, electromyography (EMG), and medication. The medical records provided for review do not indicate a medical necessity for Lidoderm patches 5% #60. Lidoderm patch is a topical analgesic. The MTUS states, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." It is recommended after failed treatment with antidepressants and anti-epilepsy drugs. There is no indication the injured worker is being treated for post herpetic neuralgia.

Ultracet 37.5mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on September 5, 1989. The medical records provided indicate the diagnosis of cervical degenerative joint disease (DJD) status post fusion with poor range of motion (ROM) and advancement of lumbar pain status post L4-L5 anterior cervical discectomy and fusion (ACDF). Treatment to date has included cervical fusion, left rotator cuff repair, AC joint repair, x-rays, MRIs, myelogram, massage therapy, TENS, trigger point injections, physical therapy, electromyography (EMG), and medication. The medical records provided for review do not indicate a medical necessity for Ultracet 37.5mg #180. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate scheduling made it impossible to see the injured worker on the day the medication was prescribed; therefore, since the injured worker could not be seen on the expected day it would have been appropriate to prescribe a needed medication for few days and have worker return to the office for follow up in three days to one week. Consequently, this request is not medically appropriate since it is not possible to determine the injured worker's response to the most recent treatment.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The injured worker sustained a work related injury on September 5, 1989. The medical records provided indicate the diagnosis of cervical degenerative joint disease (DJD) status post fusion with poor range of motion (ROM) and advancement of lumbar pain status post L4-L5 anterior cervical discectomy and fusion (ACDF). Treatment to date has included cervical fusion, left rotator cuff repair, AC joint repair, x-rays, MRIs, myelogram, massage therapy, TENS, trigger point injections, physical therapy, electromyography (EMG), and medication. The medical records provided for review do not indicate a medical necessity for Celebrex 200mg #60. Celebrex is a COX-2 inhibitors (an NSAID) considered to be relatively safe to the stomach. The MTUS recommend its use in individuals with risk of gastrointestinal complications that needs to be treated with NSAIDs. The records indicate the injured worker received this medication during the most recent visit, but the injured worker could not be seen on the expected follow up date, but she was given prescription for the renewal of this medication. The MTUS recommends regular follow up to determine the response to treatment and for modifications in activity status if needed. Such follow up usually comes every 3-7 day; although if the individual has reached maximal medical improvement, and is stable, and no changes is anticipated to be made in the near future. This case needs to be seen as soon as possible to determine the outcome of treatment. The request is not medically necessary.