MAXIMUS Federal Services

Case Number:	CM15-0063952		
Date Assigned:	04/09/2015	Date of Injury:	11/28/2012
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
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: 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 35 year old male, who sustained an industrial injury on 11/28/2012. He reported having his right foot run over by industrial equipment two times. Diagnoses include status post right foot crush injury, status post right knee arthroscopy, right thigh pain with quadriceps atrophy, right sacroiliac joint sprain with radicular pain, status post epidural cortisone injection on 5/16/14. Treatments to date include medication therapy, physical therapy, acupuncture treatments, therapeutic injections, and home exercise. Currently, he complained of continued right knee pain associated with radiation of pain into the right thigh and right lower leg. There were also complaints of back pain with muscle spasm. On 1/28/15, the physical examination documented no clinically objective findings. The plan of care included continuation of previously prescribed medications, home exercise, and counseling sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches (prescribed 01/28/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Per the 01/28/15 report, the patient presents with continued right knee pain radiating to the right thigh and right lower leg along with lower back pain with intermittent spasms. The current request is for Lidoderm 5% Patches prescribed 1/28/15. The RFA included is dated 02/18/15. The patient is not working. MTUS Lidoderm (lidocaine patch) pages 56, 57 have the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading ODG, this peripheral and localized pain is that of neuropathic pain. This report states that Lidoderm patch is to be applied over the low back as directed. In this case, the MTUS guidelines state this medication is indicated for peripheral localized neuropathic pain. Therefore, the request IS NOT medically necessary.

Zanaflex 4mg, (prescribed 01/28/2015): Upheld

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

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

Decision rationale: Per the 01/28/15 report, the patient presents with continued right knee pain radiating to the right thigh and right lower leg along with lower back pain with intermittent spasms. The current request is for Zanaflex 4mg prescribed 1/28/15. The RFA included is dated 02/18/15. The patient is not working. MTUS guidelines page 63 recommend non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. However, in most cases they show no benefit beyond NSAID in pain and overall improvement. MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. The reports provided for review show the patient started this medication on 05/28/14 for pain and spasms. In this case, the MTUS guidelines state this medication is for short-term treatment for acute exacerbations, and the patient has been prescribed Zanaflex on a long-term basis. Furthermore, there is no discussion of the efficacy of this medication or why use is required outside guidelines. The request IS NOT medically necessary.

Tramadol 50mgg, #60 (prescribed 01/28/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioid.

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

Decision rationale: Per the 01/28/15 report, the patient presents with continued right knee pain radiating to the right thigh and right lower leg along with lower back pain with intermittent

spasms. The current request is for Tramadol 50mg, #60 prescribed 1/28/15. Tramadol is an opioid-analgesic. The RFA included is dated 02/18/15. The patient is not working. MTUS Criteria for Use of Opioids, pages 76 and 77 includes the following under steps to take before a therapeutic trial of opioids: baseline pain and functional assessment should be made, and a therapeutic trial should not be employed until the patient has failed a trial of non-opioid analgesics. Reports were provided for review from 03/24/14 to 01/28/15 and it appears the patient is starting this medication on 01/28/15. There is no evidence of prior use of opioids. In this case, the reports show prior use of Gabapentin and some prior use of NSAID's for pain; however, there is no discussion of the efficacy of those medications and why trial of Tramadol is needed at this time. Furthermore, baseline assessment of pain and function is not provided as required by the MTUS guidelines. The request IS NOT medically necessary.