

Case Number:	CM15-0071491		
Date Assigned:	04/21/2015	Date of Injury:	01/09/2004
Decision Date:	05/22/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/15/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 a 49-year-old female who sustained an industrial injury on 1/9/04 involving shoulders, elbows and wrists. Diagnoses include impingement syndrome of the shoulder on the left, status post decompression, distal clavicle excision with second surgery for manipulation under anesthesia, cubital tunnel syndrome on the left, status post release, carpal tunnel syndrome on the right, status post release, epicondylitis, wrist joint inflammation, and cervical strain. Treatments to date include medications and surgery. Medications in December 2014 and March 2015 include Tylenol #4, Flexeril, naproxen, gabapentin, Lidoderm patches and Tramadol. Progress note of 3/3/15 notes the injured worker complains of pain in both shoulders and wrists with numbness and tingling in the fingertips. She has weakness in the left arm especially on awakening in the morning. She has decreased grip strength. She needs assistance with daily household chores. The injured worker was not currently working. Examination shows tenderness along the medial greater than lateral epicondyle bilaterally and along the dorsum of the wrists bilaterally, tenderness along the carpometacarpal and first extensor, and tenderness along the A1 pulley at the base of the thumb on the right. On 3/23/15, Utilization Review (UR) non-certified requests for Tylenol #4, Flexeril, Lidoderm patches and Tramadol, citing the MTUS. The Utilization Review determination refers to peer review from October 2013 at which time Tylenol #4, and tramadol were noted to be certified and flexeril was partially certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: This injured worker has chronic arm pain. Tylenol #4 has been prescribed for at least three months and possibly more than one year. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status was noted as not working, the documentation indicates the injured worker needed help with household chores, and there was no documentation of decrease in medication use. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. No pain assessment was noted. The treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) intensity of pain after taking the opioid; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; 7) improvement in function. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tylenol #4 does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. Flexeril has been prescribed for at least three months and possibly more than one year. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. This injured worker has been prescribed multiple additional medications. Limited, mixed evidence does not allow for a recommendation for chronic use of flexeril. Due length of use in excess of the guidelines, and lack of functional improvement, the request for flexeril is not medically necessary.

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents.

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

Decision rationale: This injured worker has chronic bilateral arm pain. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or Lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The site of applications and directions for use were not specified. There was no documentation of trial and failure of first line agents. Lidoderm has been prescribed for at least three months without documentation of functional improvement. Work status remains as not working, the injured worker was noted to require assistance with household chores, and there was no discussion of decrease in medication use. Due to lack of documentation of trial and failure of first line agents, and due to lack of functional improvement, the request for lidoderm is not medically necessary.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids (such as Tylenol #4 which has been prescribed for this injured worker). It may also produce life-threatening serotonin syndrome. This injured worker has chronic arm pain. Tramadol has been prescribed for at least three months and possibly more than one year. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status was noted as not working, the documentation indicates the injured worker needed help with household chores, and there was no documentation of decrease in medication use. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. No pain assessment was noted. The treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) intensity of pain after taking the opioid; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; 7) improvement in function. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, Tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.