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| Case Number: | CM15-0092107 | | |
| Date Assigned: | 05/18/2015 | Date of Injury: | 01/12/2012 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/13/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 patient who sustained an industrial injury on 01/12/2012. A primary treating office visit dated 11/17/2014 reported the patient with subjective complaint of neck pain that is rated 10 out of 10 without using medications. He reports the pain is worse this visit. His quality of sleep is poor, and his activity has decreased. He reports significantly increased neck pain with muscle spasms and headache. Current medications are: Trazadone 50mg, Norco 10/325mg, and Colace, Pennsaid, and Lidoderm % 5 patches. 04/29/2013 he underwent a MRI of the brain that showed persistent area of white matter abnormality within the right frontal lobe unchanged over the past three weeks. On 10/31/2012 a MRI of the cervical spine showed C5-6 severe left and moderate to severe right foraminal stenosis due to a 2-3mm circumferential disc bulge greater on the left; C4-5 moderate disc degeneration with broad central 2mm disc protrusion contacting the cervical cord and moderately severe bilateral foraminal stenosis, and C6-7 moderate disc degeneration and moderately severe bilateral foraminal stenosis. The patient underwent electric nerve conduction study on 10/15/2012 with note he was unable to tolerate the testing. The following diagnoses are applied: cervical pain, cervical strain, and wrist pain, spasm of muscle, cervical radiculopathy, and dizziness/giddiness. The plan of care involved: continuing with psychological sessions, continuing with medications, undergo a trigger point injection and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioid Induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and stool softeners Page(s): 82.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. The claimant had been on Norco for extended amount of time with minimal change in pain scores indicating lack of persistent effectiveness and necessity. As a result, the continued use of Colace is not medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 14-18.

Decision rationale: Trazadone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. Trazadone is not indicated as 1st line for sleep. Although it may help with pain and sleep, in this case, the claimant had minimal relief in pain while taking Trazadone in combination with opioids, muscle relaxants and topical analgesics. Continued use of Trazadone is not medically necessary.

Flector 1.3% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation www.drugs.com/pro/flector.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain

when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed Flector for over a month. There is limited evidence to support long-term use of Flector. The claimant had been on topical analgesics including Lidocaine in the past several months prior to Flector use. Long-term use of topical analgesics is not indicated. The claimant does not have the above diagnoses. Particular location for application of Flector was also not specified. The Flector patch is not medically necessary.