

Case Number:	CM15-0092908		
Date Assigned:	05/19/2015	Date of Injury:	07/13/2009
Decision Date:	07/03/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/14/2015

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 56 year old female, who sustained an industrial injury on July 13, 2009. Treatment to date has included medications, acupuncture, EMG/NCV of the bilateral lower extremities and MRI of the cervical spine, lumbar spine, left shoulder and left scapula. Currently, the injured worker complains of neck pain, low back pain, upper extremity pain and back of the head. She reports her neck pain radiates down her bilateral upper extremities and her low back pain radiates down to the bilateral lower extremities. Her upper extremity pain involved her left shoulder, right hand and bilateral elbows. The injured worker reports that she has ongoing limitations of activities of daily living such as self-care, hygiene, activity, ambulation and hand function. The current medication regimen is helpful and she reported moderate improvement due to therapy. She is able to bath, brush teeth, comb/wash hair, cook, laundry, dress and drive. She rates her pain an 8 on a 10-point scale without medications and a 4 on a 10 point scale with medications. The Diagnoses associated with the request include cervical radiculitis, chronic pain, lumbar radiculopathy, right carpal tunnel, bilateral elbow pain, left shoulder pain, osteoarthritis of the left shoulder, and left-sided shoulder bursitis. The treatment plan includes physical therapy, Gabapentin, Hydrocodone/APAP, Lidoderm 5% patch, Trazodone and tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Lidocaine 5 Percent #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Medications for chronic pain Page(s): 56-57, 112, 60. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

Decision rationale: The patient was injured on 07/13/09 and presents with neck pain, low back pain radiating to the bilateral lower extremities, left shoulder pain, right hand pain, elbow pain, and pain in the back of the head. The request is for 4 lidocaine 5% patch #30. There is no RFA provided and the patient is not currently working. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." In reading ODG Guidelines, it specifies the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has tenderness upon palpation in the bilateral paravertebral C4-7 and L4-S1 levels, a limited lumbar/cervical spine range of motion, a positive seated straight leg raise, tenderness on palpation of the right wrist/ left posterior shoulder/ bilateral elbows/ right wrist/ right hand, a decreased left shoulder range of motion, and tenderness on palpation at the right ankle. The patient is diagnosed with cervical radiculitis, chronic pain, lumbar radiculopathy, right carpal tunnel, bilateral elbow pain, left shoulder pain, osteoarthritis of the left shoulder, and left-sided shoulder bursitis. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm 5% patch is not medically necessary.

Tizanidine 4 MG #60: 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: The patient was injured on 07/13/09 and presents with neck pain, low back pain radiating to the bilateral lower extremities, left shoulder pain, right hand pain, elbow pain, and pain in the back of the head. The request is for tizanidine 4 mg #60. There is no RFA provided and the patient is not currently working. It is unknown when the patient began taking this medication. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute

exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects."The patient has tenderness upon palpation in the bilateral paravertebral C4-7 and L4-S1 levels, a limited lumbar/cervical spine range of motion, a positive seated straight leg raise, tenderness on palpation of the right wrist/ left posterior shoulder/ bilateral elbows/ right wrist/ right hand, a decreased left shoulder range of motion, and tenderness on palpation at the right ankle. The patient is diagnosed with cervical radiculitis, chronic pain, lumbar radiculopathy, right carpal tunnel, bilateral elbow pain, left shoulder pain, osteoarthritis of the left shoulder, and left-sided shoulder bursitis. The treater does not specifically discuss efficacy of Tizanidine on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Tizanidine is not medically necessary.

Hydrocodone 10-325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 07/13/09 and presents with neck pain, low back pain radiating to the bilateral lower extremities, left shoulder pain, right hand pain, elbow pain, and pain in the back of the head. The request is for hydrocodone 10-325 mg #120. There is no RFA provided and the patient is not currently working. The patient has been taking this medication as early as 04/07/15. There are two progress reports provided from 04/07/15 and 05/05/15. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief." On 04/07/15, the patient rated her pain as a 4/10 with medications and an 8/10 without medications. "The patient reports that the use of current medication is helpful. Areas of functional improvement as result of the therapy include: ability to attend church, bathing, brushing teeth, caring for pet, combing/washing hair, cooking, doing hobbies, doing laundry, dressing, driving, mood, shopping, sitting, sleeping, standing, talking on the phone, and tying shoes." Although the treater provides before-and-after pain scales and ADL's, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Hydrocodone is not medically necessary.

Gabapentin 600 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient was injured on 07/13/09 and presents with neck pain, low back pain radiating to the bilateral lower extremities, left shoulder pain, right hand pain, elbow pain, and pain in the back of the head. The request is for gabapentin 600 mg #60. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is not currently working. The patient has been taking this medication as early as 04/07/15. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." Gabapentin also requires 30% reduction of symptoms. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has tenderness upon palpation in the bilateral paravertebral C4-7 and L4-S1 levels, a limited lumbar/cervical spine range of motion, a positive seated straight leg raise, tenderness on palpation of the right wrist/ left posterior shoulder/ bilateral elbows/ right wrist/ right hand, a decreased left shoulder range of motion, and tenderness on palpation at the right ankle. The patient is diagnosed with cervical radiculitis, chronic pain, lumbar radiculopathy, right carpal tunnel, bilateral elbow pain, left shoulder pain, osteoarthritis of the left shoulder, and left-sided shoulder bursitis. On 04/07/15, the patient rated her pain as a 4/10 with medications and an 8/10 without medications. "The patient reports that the use of current medication is helpful. Areas of functional improvement as result of the therapy include: ability to attend church, bathing, brushing teeth, caring for pet, combing/washing hair, cooking, doing hobbies, doing laundry, dressing, driving, mood, shopping, sitting, sleeping, standing, talking on the phone, and tying shoes." For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the treater benefits from her current medications, including Gabapentin. Therefore, the requested Gabapentin is medically necessary.