MAXIMUS Federal Services

Case Number:	CM14-0135560		
Date Assigned:	09/08/2014	Date of Injury:	01/12/2012
Decision Date:	12/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 66-year-old man with a date of injury of January 12, 2012. The mechanism of injury was not documented in the medical record. Pursuant to the most recent progress report dated July 18, 2014, the IW complains of neck pain rated 9/10 without medications, and 7/10 with medications. The IW reports problematic headaches and poor sleep. He reports increased headaches and cervical pain with radiating left shoulder pain. The IW received an epidural steroid injection at C7-T1 on June 25, 2014, which was helpful for 2 weeks only. His current Neurologist ([redacted]) at [redacted] indicates headaches are due to sleep apnea. The IW has a sleep apnea machine. He wishes to see an alternative Neurologist for further evaluation as he feels no progress in treatment has been made. Objective physical findings include normal gait, and no use of assisted devices. Cervical spine reveals straightening of the spine with loss of normal cervical lordosis. Range of motion is restricted and limited by pain. On examination of the paravertebral muscles, hypertonicity, tenderness, and tight muscle band is noted on both sides. Tenderness is noted at the paracervical muscles, trapezius and positive tender to palpation over base of occiput on both sides. Spurling's maneuver causes pain in the muscles of the neck, but no radicular symptoms. All upper limb reflexes are equal and symmetric. Higher functions are grossly normal. Motor testing is limited by pain. The IW was diagnosed with cervical pain, cervical strain, wrist pain, spasm of muscle, and cervical radiculopathy. Current medications include Lidoderm 5% patch, Colace 100mg, Norco 10/325mg, Trazodone 50mg, and Pennsaid 2% Pump 20mg/gram/actuation (2%). The IW has been permanent and stationary since February 18, 2013. He is not working. The IW was instructed to walk for exercise as tolerated and continue his home exercise program. Documentation in the medical record indicates that the IW has been taking Norco 10/325mg, Trazodone 50mg, and Pennsaid since at least February 3, 2014, which was the earliest note for

review. The Colace was prescribed March 31, 2014 for opioid induced constipation. The Lidoderm patch was first prescribed July 18, 2014 to be trialed for neuropathic pain. There were no pain assessments or objective functional improvements with medications documented in the medical record. The provider documented that the IW is not to take NSAIDs due to GERD. The IW tried and failed Flexeril, date unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch SIG: apply for 12 hours per day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section,Topical analgesics

Decision rationale: Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. In this case, the injured worker is being treated for injuries to his neck. There is no evidence of neuropathic pain associated with the injured worker's complaints. Additionally, topical analgesics are second line treatments when trials of antidepressants and anticonvulsants have failed. The medical record documentation does not contain evidence that antidepressants are anticonvulsants were ever used. Consequently, Lidoderm patch applied for 12 hours once a day #30 is not medically necessary.

Colace 100mg capsule SIG: take 1 capsule in the morning & 1 in the evening #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: The guidelines state prophylactic treatment of constipation should be initiated. In this case, the first progress note that contains evidence of Colace being prescribed was March 31, 2014. The injured worker was taking one capsule in the morning and one evening to prevent opiate induced constipation. The medical record does not contain an ongoing review as to whether the Colace was working or not working to prevent constipation. Consequently, Colace in the morning and in the evening is not medically necessary. Based on clinical information of the medical record and the peer-reviewed evidence-based guidelines, Colace 100 mg one capsule in the morning and one in the evening #60 is not medically necessary.

Norco 10-325mg SIG take 1 four times #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker had a neck injury with complaints of cervical pain. Norco was first noted in a February 3, 2014 progress note. It is unclear for how long and in what amount the injured worker had been taking Norco prior to that date. Additionally, the documentation does not contain evidence of objective functional improvement (a precursor to continued use). Consequently, Norco 10/325 mg one capsule four times a day #120 is not medically necessary.

Trazodone 50mg SIG: take 1-2 tablets at bedtime #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Anti-depressants

Decision rationale: Trazodone is an antidepressant often used to treat insomnia because of its sedating side effects. In this case, there was no clinical documentation of insomnia noted in the medical record. Injured worker does have a history of sleep apnea, however there were no subjective/objective findings entered in the medical record regarding insomnia. Consequently, a Trazodone 50 mg 1 to 2 tablets at bedtime #60 is not medically necessary.

Pennsaid 2% pump20mg/gram/acuttion (2%) SIG: apply 2 pumps to affected area twice daily #1: Upheld

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

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

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Diclofenac gel is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, and the and wrist) it is not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker is being treated predominantly for neck pain. There is no documentation in the medical record other than "apply to affected area". There is no clinical documentation addressing specific areas for treatment. Additionally, topical Diclofenac is typically used for relief of osteoarthritis pain in the joint that lends itself to topical treatment. The cervical spine is not a joint that lends itself to topical treatment. Additionally, Diclofenac has not been evaluated for treatment of this anatomical region. Consequently, Pennsaid 2% 20 mg/gm/actuation (2%) apply to affected area twice daily #1 is not medically necessary.