

Case Number:	CM13-0007316		
Date Assigned:	09/04/2013	Date of Injury:	09/08/1997
Decision Date:	01/08/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 individual is a 56-year-old female with a reported date of injury of 09/08/1997; the mechanism of injury was a lifting injury. The individual has severe pain in the lower back and right knee, increasing radicular symptoms down her lower extremities bilaterally, and constant numbness in her toes. The individual had positive left sitting straight leg raise, decreased strength in the right lower extremity, decreased sensation in the right L3 dermatome, and decreased deep tendon reflexes in the lower extremity. The individual had a negative sitting straight leg raise on the right, no paraspinal muscle spasm, and normal strength in the left lower extremity. The individual had diagnoses of chronic right knee pain, lumbosacral spondylosis without myelopathy, lumbar facet arthropathy, and obesity. The provider's treatment plan consisted of Xodol 7.5/300 mg 1 tab every 8 to 12 hours, tramadol HCL 150 mg x 24h 1 every morning x 5 days, then 2 every morning for pain as tolerated thereafter, tramadol 50 mg 1 every 6 to 8 hours as needed for pain, tizanidine HCL 4 mg 1 to 2 every 12 hours for spasm, omeprazole 20 mg once daily, Lidoderm 5% patch apply 1 to the affected area as needed for pain (12 hours on/12 hours off as directed), and a Medrol (pak) 4 mg to take as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xodol 7.52-3.00 mg tabs one po 8-12 hours pm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The MTUS Chronic Pain guidelines recommend individuals utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the individual's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the individual's response to treatment. The employee reported severe pain in the lower back and right knee. The employee described her pain as sharp, burning, dull/aching, throbbing, electrical/shooting, pins and needles, stinging, stabbing, cramping, numbness, weakness, pressure, and spasm. The provider noted the employee had extreme difficulty walking, sitting, and lying down. The provider noted the employee's average pain without medications was 10/10 and with medications was 7/10 to 8/10. The employee's pain at the evaluation on 07/31/2013 was 8/10. It was noted the prescribed medications were keeping the employee functional, allowing for increased mobility and tolerance of activities of daily living and home exercise. There were no side effects associated with the medications. Within the provided documentation it was unclear if the employee was obtaining all medications from a single practitioner and from a single pharmacy. The requesting physician did not include adequate documentation of objective improvement in functional status related to the use of the medication. Additionally, the requesting physician did not include a complete and accurate pain assessment including the least pain reported over the period since last assessment, average pain, how long it takes for pain relief, and how long pain relief lasts. The request for Xodol 7.52-3.00 mg tabs one po 8-12 hours pm is not medically necessary and appropriate.

Tramadol HCL 150 mg x24h cap one po Q am x 5 days, then two po Q am pain as tolerated thereafter (as a trial): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The MTUS Chronic Pain guidelines recommend individuals utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain

relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the individual's response to treatment. The employee reported severe pain in the lower back and right knee. The employee described her pain as sharp, burning, dull/aching, throbbing, electrical/shooting, pins and needles, stinging, stabbing, cramping, numbness, weakness, pressure, and spasm. The provider noted the employee had extreme difficulty walking, sitting, and lying down. The provider noted the employee's average pain without medications was 10/10 and with medications was 7/10 to 8/10. The employee's pain at the evaluation on 07/31/2013 was 8/10. It was noted the prescribed medications were keeping the employee functional, allowing for increased mobility and tolerance of activities of daily living and home exercise. There were no side effects associated with the medications. Within the provided documentation it was unclear if the employee was obtaining all medications from a single practitioner and from a single pharmacy. The requesting physician did not include adequate documentation of objective improvement in functional status related to the use of the medication. Additionally, the requesting physician did not include a complete and accurate pain assessment including the least pain reported over the period since last assessment, average pain, how long it takes for pain relief, and how long pain relief lasts. The request for Tramadol HCL 150 mg x24h cap one po Q am x 5 days, then two po Q am pain as tolerated thereafter (as a trial) is not medically necessary and appropriate.

Tramadol HCL 50 mg tabs one po Q 6-8 hours prn pain (may increase to max 4 per day following her upcoming procedure): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The MTUS Chronic Pain guidelines recommend individuals utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The employee reported severe pain in the lower back and right knee. The Final Determination Letter for IMR Case Number CM13-0007316 5 employee described her pain as sharp, burning, dull/aching, throbbing, electrical/shooting, pins and needles, stinging, stabbing, cramping, numbness, weakness, pressure, and spasm. The provider noted the employee had extreme difficulty walking, sitting, and lying down. The provider noted the employee's average pain without medications was 10/10 and with medications was 7/10 to 8/10. The

employee's pain at the evaluation on 07/31/2013 was 8/10. It was noted the prescribed medications were keeping the employee functional, allowing for increased mobility and tolerance of activities of daily living and home exercise. There were no side effects associated with the medications. Within the provided documentation it was unclear if the employee was obtaining all medications from a single practitioner and from a single pharmacy. The requesting physician did not include adequate documentation of objective improvement in functional status related to the use of the medication. Additionally, the requesting physician did not include a complete and accurate pain assessment including the least pain reported over the period since last assessment, average pain, how long it takes for pain relief, and how long pain relief lasts. The request for Tramadol HCL 50 mg tabs one po Q 6-8 hours prn pain (may increase to max 4 per day following her upcoming procedure) is not medically necessary and appropriate.

Tizandine HCL 4 mg caps one-two po Q12 hours pm spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: The MTUS Chronic Pain guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in individuals with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most lower back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The employee reported 8/10 pain. It was noted that the employee had no paraspinal muscle spasms. Per the provided documentation, it appeared the employee had been utilizing the medication since at least 10/2012. Within the provided documentation, the requesting physician did not include adequate documentation of symptomatology that would indicate the employee's need for the medication. Additionally, the guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in individuals with chronic low back pain. Per the provided documentation, it appeared the employee had been utilizing the medication since at least 10/2012. The duration of the medication use would exceed guideline recommendations for the use of the medication for short-term treatment of acute exacerbations in individuals with chronic low back pain. The request for Tizandine HCL 4 mg caps one-two po Q12 hours pm spasm is not medically necessary and appropriate.

Omeprazole 20 mg one po daily heartburn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular disease risk Page(s): 68-69.

Decision rationale: The MTUS Chronic Pain guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for individuals at intermediate risk for gastrointestinal events with no cardiovascular disease and individual at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note to determine if the individual is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple nonsteroidal anti-inflammatory drug (NSAID) (e.g., NSAID + low-dose ASA). Within the provided documentation, the provider noted that the employee was utilizing omeprazole for daily heartburn. The employee denied nausea, vomiting, diarrhea, constipation, and abdominal pain. Within the provided documentation, the requesting physician did not include accurate documentation of gastrointestinal events related to the prescribed medications. It was unclear if the employee had history of peptic ulcer, GI bleeding, or perforation. Additionally, the requesting physician did not include documentation regarding efficacy of the medication. The request for Omeprazole 20 mg one po daily heartburn is not medically necessary and appropriate.

Lidoderm 5% patch apply one to the affected area prn pain (12 hours on / 12 hours off, as directed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

Decision rationale: The MTUS Chronic Pain Guidelines note topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) anti-depressants or an antiepileptic drug (AED) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The employee had 8/10 pain. The provider noted the employee tried Lidoderm patches in the past which were restarted due to severe pain. The provider noted the patches had been beneficial. Within the provided documentation, it was unclear if the employee attempted first-line therapy before the use of the lidocaine patch. Additionally, within the provided documentation, it was unclear if the employee had a diagnosis that would correspond with the recommended diagnoses. Additionally, within the provided documentation, the requesting physician did not include adequate documentation of significant functional improvement with the use of the medication. The request for Error! Reference source not found. is not medically necessary and appropriate.

Medrol (pak) 4 mg tabs take as directed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter..

Decision rationale: The ODG Guidelines note criteria for the use of corticosteroids (oral/parenteral for low back pain) includes: individuals should have clear-cut signs and symptoms of radiculopathy; risks of steroids should be discussed with the individual and documented in the record. The individual should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record. Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. The employee presented with 8/10 pain. The employee had sharp, burning, dull/aching, throbbing, electrical/shooting, pins and needles, stinging, stabbing, cramping, numbness, weakness, pressure, and spasm qualities of pain. The provider noted that the employee reported increasing radicular symptoms down lower extremities bilaterally with constant numbness in toes. The employee had a positive sitting straight leg raise on the left, decreased right lower extremity strength, and decreased right L3 dermatome sensation. It was noted that the Medrol was prescribed due to a severe increase in pain. Per the provided documentation, it did not appear the employee was counseled on the risk of steroid therapy, as well as made aware of the evidence that research provides limited evidence of effect with medication. The documentation regarding the above mentioned conversation did not appear to be included in the provided medical records. The request for Medrol (pak) 4 mg tabs take as directed is not medically necessary and appropriate.