

Case Number:	CM13-0008916		
Date Assigned:	01/03/2014	Date of Injury:	01/14/2003
Decision Date:	06/05/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/08/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Texas. 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. 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 is a 47-year-old male who sustained an injury on 01/14/03 while performing his job as a police officer. The patient was followed for complaints of chronic low back pain radiating to the right hip and right lower extremity. There were also complaints of shoulder pain to the left side, neck pain, and pain radiating in the right upper extremity. The patient was followed by pain management and provided multiple medications for his symptoms including methadone, Norco, Lorazepam, soma, Cymbalta, Tizanidine, and Lidoderm patches. There were previous recommendations for individual psychotherapy. The clinical evaluation from 11/07/13 noted continuing chronic symptoms in the neck, right shoulder, right upper extremity, low back, and right lower extremity. The clinical note indicates that the medications improved the pain and made the symptoms more tolerable; however, there was minimal activity level noted. The patient was able to walk up to one (1) mile daily for exercise. On physical examination there was tenderness to palpation of thoracolumbar spine with limited range of motion. Myofascial tenderness in the cervical spine was also present. No specific neurological deficits were identified. The recommendation was for continuing methadone, Norco, Lorazepam, soma, Tizanidine, and Lidoderm patches. A follow-up progress note dated 12/05/13 with [REDACTED], reported continuing symptoms with pain scores at 7/10 on the Visual Analogue Scale. The patient described difficulty sleeping secondary to pain and tremors in the lower extremities. The patient felt that medications were keeping his symptoms under control. On physical examination there was continuing loss of range of motion in the cervical spine and lumbar spine. The medications were continued at this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN, Page(s): 80-82. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, OPIOIDS AND THE WASHINGTON STATE DEPARTMENT OF LABOR: GUIDELINE FOR PRESCRIBING OPIOIDS TO TREAT PAIN IN INJURED WORKERS (EFFECTIVE July 1, 2013).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, LONG TERM ASSESSMENT Page(s): 88-89.

Decision rationale: The Chronic Pain Guidelines indicate that the provider should document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also indicate that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The patient was utilizing narcotic medications including Norco for more than one (1) year. The clinical documentation submitted for review did not identify any substantial pain improvements or functional improvement with this medication. The clinical documentation submitted for review also did not include any recent compliance testing, such as toxicology results or long term opioid risk assessments which would be appropriate for this medication based on guideline recommendations. Given the limited evidence supporting any substantial functional improvement or pain relief with this medication, this reviewer would not have recommended this medication as medically necessary.

PRESCRIPTION OF SOMA 350MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS, Page(s): 66. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 63-66.

Decision rationale: The Chronic Pain Guidelines do not recommend the chronic use of muscle relaxers. At most, muscle relaxers are recommended for short term use only. The guidelines also recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there was

any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, there was no rationale for the multiple muscle relaxers prescribed to the patient, which would not be recommended by guidelines. Therefore, this reviewer would not have recommended ongoing use of this medication at this time.

PRESCRIPTION OF LIDODERM 5% PATCHES #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH), Page(s): 56-57.

Decision rationale: The Chronic Pain Guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The patient was followed for multiple complaints, including radiating symptoms in the upper extremities and lower extremities; however, the most recent physical examination findings did not identify any particular neurological deficits or other objective evidence of consistent with neuropathic pain that would require the use of this medication. From the clinical documentation it was also unclear if the patient failed a reasonable trial of either antidepressants or anticonvulsant medications as recommended by guidelines. Given the limited evidence for indications for this medication, this reviewer would not have recommended this medication as medically necessary.

PRESCRIPTION OF TIZANIDINE 4MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS, Page(s): 66. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 63-66.

Decision rationale: The Chronic Pain Guidelines do not recommend the chronic use of muscle relaxers. At most, muscle relaxers are recommended for short term use only. The guidelines also recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. The chronic use of muscle relaxers is not recommended by the current evidence based guidelines. At most, muscle relaxers are

recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that was any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, there was no rationale for the multiple muscle relaxers prescribed to the patient which would not be recommended by guidelines. Therefore, this reviewer would not have recommended ongoing use of this medication at this time.

PRESCRIPTION OF LORAZEPAM 1MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS, BENZODIAZEPINES, Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES, Page(s): 24.

Decision rationale: The Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four (4) weeks. There is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this reviewer would not have recommended the continuing use of this medication as medically necessary.

PRESCRIPTION OF METHADONE 10MG #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN, Page(s): 80-82. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, OPIOIDS AND THE WASHINGTON STATE DEPARTMENT OF LABOR: GUIDELINE FOR PRESCRIBING OPIOIDS TO TREAT PAIN IN INJURED WORKERS (EFFECTIVE July 1, 2013).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE Page(s): 61-62.

Decision rationale: The Chronic Pain Guidelines indicate that methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The patient was utilizing narcotic medications including Norco for more than one (1) year. The clinical documentation submitted for review did not identify any substantial pain improvements or functional improvement with this medication. The clinical documentation submitted for review also did not include any recent compliance testing such as toxicology results or long term opioid risk assessments, which would be appropriate for this medication based on guideline recommendations. Given the limited evidence supporting any substantial functional improvement or pain relief with this medication, this reviewer would not have recommended this medication as medically necessary.

