

Case Number:	CM13-0010520		
Date Assigned:	06/06/2014	Date of Injury:	02/20/2008
Decision Date:	07/14/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/13/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in 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 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 is a 36 year old female who reported an injury on 02/20/2008. The mechanism of injury was not notated in the documentation submitted for review. The injured worker complained of a constant shooting pain down her left lower extremity, having pins and needles under both feet, numbness on the lateral side of the left foot and ongoing low back pain. Upon physical exam the injured worker is noted to have an antalgic & slowed gait and displayed difficulty being seated & rising from a seated position. The injured worker has had a lumbar MRI on 06/28/2013 and a left L5-S1 epidural steroid injection on 02/25/2013. The injured worker's diagnosis include lumbar/lumbosacral disc degeneration, lumbar disc displacement, anxiety state, depressive disorder and psychogenic pain. The injured worker has completed 3/6 physical therapy sessions documented as of 07/08/2013, taking medications for pain and performing home exercise program. The injured worker's medications include Lidoderm 5% patch, Motrin 800mg, Gabapentin 300mg, Flexeril 10mg, Norco 10/325, Klonopin 1mg and Buspirone Hcl 7.5mg. The injured worker has been instructed to continue with home exercise program, walk for exercise as tolerated and take medications as directed. The request for authorization form and rationale was not included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH APPLY PATCHES TO AFFECTED AREAS 12 PM, 12 HOURS OFF: Upheld

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

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

Decision rationale: The injured worker has a history of lower back pain radiating to the lower extremity and taking medications to include Norco and Gabapentin for pain. The California Medical Treatment Utilization Schedule (MTUS) states Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drugs (AED) such as gabapentin or Lyrica). Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation that supports the injured worker has been unresponsive to gabapentin or Lyrica as she is concurrently using gabapentin. In addition, the request does not include a quantity. Based on the above noted, the request is not medically necessary and appropriate.

FLEXERIL 10 MG TABLET: TAKE 1 EVERY 8 HOURS AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The injured worker complained of chronic low back pain that radiates to the lower extremities. The California Medical Treatment Utilization Schedule (MTUS) states cyclobenzaprine (Flexeril) is recommended as an option, using short course therapy. In addition, the guidelines do not allow cyclobenzaprine for chronic use. The injured worker has chronic low back pain for which the specific medication use is not approved for. In addition, the request does not include a quantity. Due to the above mention, the request is not medically necessary and appropriate.

HYDROCODONE/ACETAMINOPHEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids on-going management Page(s): 81.

Decision rationale: The injured worker has a history of chronic pain and taking medications which include Norco 10/325 mg to treat the pain. The California Medical Treatment Utilization Schedule (MTUS) states for opioid on-going management the following actions should include

prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy, the lowest possible dose should be prescribed to improve pain and function and ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There is a lack of documentation showing the injured workers pain rating with and without the medication, how long the pain lasts and how long it takes for pain relief. Also there was no documentation to show a lower dose of Norco was ineffective in improving pain and function. The California MTUS also states information from family members or other care givers should be considered in determining the response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects & aberrant drug taking behaviors). There is a lack of documentation to show scheduled urine drug screens have been performed. In addition previous documentation noted the injured worker was non-compliant with the instructions for taking opioids. In addition, the request does not include a quantity, dose and/or frequency. Based on the above noted, the request is not medically necessary and appropriate.