

Case Number:	CM13-0020441		
Date Assigned:	10/11/2013	Date of Injury:	06/07/2001
Decision Date:	01/27/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/04/2013

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 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 patient is a 49-year-old with a diagnosis of Lumbar Facet Syndrome, Lumbar Radiculopathy and Spinal/Lumbar DDD (degenerative disk disease). Date of injury reported as 06/07/2001. Subjectively this patients reports back pain radiating from low back down to right leg and lower back; tingling over right leg and big toe, right toe(s). Pain is rated as 5 on a scale from 1 to 10 and is unchanged in location or level of severity. Pertinent positive objective findings include normal gait, lumbar spine restricted range of motion with flexion and extension due to pain, decreased light touch sensation over right foot/calf and positive straight leg raising test on right. Patient reported medication side effects include constipation, dizziness, loss of concentration and GI distress. Per report the patient has had three previous transforaminal lumbar epidural steroid injections. MRI of the lumbar spine showed "mild L4-5 disc bulge and focal L5-S1 annular protrusion. Patient is reported to have no history of gastritis/ulcer, cardiovascular disease, hypertension and is reportedly not diabetic. Medications listed are Gabapentin for neuropathic pain, Lidoderm Patch to help better control pain and function, Naproxen for breakthrough pain, Nexium for heartburn secondary to pain medications, and Norco for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Gabapentin, 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Section Page(s): s 16-19.

Decision rationale: The Physician Reviewer's decision rationale: According to this patient's treatment plan Gabapentin is being prescribed to treat neuropathic pain. However, there is no documented evidence of neuropathic pain in this patient. According to the Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs (AEDs) such as Gabapentin are recommended for neuropathic pain with a "lack of treatment consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms." In addition, the Chronic Pain Medical Treatment Guidelines states "There are few RTC's directed at central pain and none for painful radiculopathy." The request for 60 Gabapentin, 300mg, is not medically necessary or appropriate.

30 Lidoderm 5% patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Section Page(s): s 56, 57, 11-112.

Decision rationale: The Physician Reviewer's decision rationale: According to the patient's treatment plan the Lidoderm Patch is prescribed to help the patient better control pain and function. The Chronic Pain Medical Treatment Guidelines assert that topical analgesics such as the Lidoderm Patch are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." In addition, according to the Chronic Pain Medical Treatment Guidelines, lidocaine is indicated for neuropathic pain and is not recommended for non-neuropathic pain. This patient has no documented evidence of neuropathic pain. The request for 30 Lidoderm 5% patches is not medically necessary or appropriate.

60 Naproxen, 500mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Section Page(s): s 22, 66,68.

Decision rationale: The Physician Reviewer's decision rationale: The patient's treatment plan includes a prescription for Naproxen for breakthrough pain. This patient has documented evidence of chronic low back pain (LBP). According to the Chronic Pain Medical Treatment Guidelines, NSAID's (non-steroidal anti-inflammatory drugs) such as Naproxen "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective NSAID's in chronic LBP (low back pain)." Naproxen is a non-steroidal anti-inflammatory drug. The Chronic Pain Medical Treatment Guidelines state NSAID's are recommended as an option

for short-term symptomatic relief of Chronic low back pain. NSAID's are also considered useful in the treatment of breakthrough pain including nociceptive pain. The request for 60 Naproxen, 500mg, is medically necessary and appropriate.

30 Norco, 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cures Section Page(s): s 74-96.

Decision rationale: The Physician Reviewer's decision rationale: This patient has documented evidence of chronic low back pain. Norco is an short acting opioid combined with acetaminophen. The Chronic Pain Medical Treatment Guidelines recommendations for opioids for chronic back pain state "Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (> 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." There is no clearly documented evidence of reassessment and consideration of alternative therapy. In addition, regarding on-going management, the Chronic Pain Medical Treatment Guidelines recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition the Guidelines also state actions should also include "Continuing review of overall situation with regard to nonopioid means of pain control." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. The request for 30 Norco, 10/325mg, is not medically necessary or appropriate.

30 Nexium, 40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Section Page(s): 68.

Decision rationale: The Physician Reviewer's decision rationale: Nexium, a proton pump inhibitor, is being prescribed for the treatment of heartburn secondary to pain medications. There is no documented, objective evidence of heartburn in this patient. In addition, this patient is not at risk for gastrointestinal events and has no documented history of hypertension or cardiovascular disease. The Chronic Pain Medical Treatment Guidelines Recommendations are

"Non-selective NSAID's OK." The request for 30 Nexium, 40mg, is not medically necessary or appropriate.