MAXIMUS Federal Services

Case Number:	CM13-0029063		
Date Assigned:	11/27/2013	Date of Injury:	10/19/1990
Decision Date:	02/03/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Oklahoma and 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 patient is as 67 year-old male who reported an injury on 10/19/1990. The patient developed chronic low back pain that was managed by opioid medications, muscle relaxants, physical therapy, a TENS unit, and a home exercise program. The patient's most recent clinical evaluation included pain rated at a 7/10. The patient's diagnoses included chronic low back pain. The patient's medications included Norco, Temazepam, Soma, Hydroxyline, and Lidoderm patches. The patient's treatment plan included continuation of medication, continuation of a home exercise program, and consultation with a cardiologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication - Topical Lidoderm Patches 5: Upheld

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

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

Decision rationale: The requested medication topical Lidoderm patches 5% are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has already been on this medication. California Medical Treatment

Utilization Schedule recommends the use of Lidoderm patches for patients who have neuropathic pain that have failed to respond to first-line therapy to include antidepressants and antiepileptic drugs. The clinical documentation submitted for review does not provide any evidence that the patient's pain is neuropathic in nature, nor is there any evidence that the patient has failed to respond to first line therapies. As such, the requested Lidocaine patches 5% are not medically necessary or appropriate.

Physical Therapy 1-2 sessions to instruction on HWP, stretching: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy sessions 1 to 2 sessions for instruction on home exercise program and stretching is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is currently participating in a home exercise program. Clinical documentation submitted for review does not provide any evidence of any significant change in the patient's presentation to support additional physical therapy. California Medical Treatment Utilization Schedule recommends patients be transitioned into a home exercise program to maintain functional improvements obtained during skilled supervised therapy. As the clinical documentation indicated that the patient has already been transitioned into a home exercise program and there is no evidence that the patient is unable to maintain functional levels while participating in that home exercise program, additional physical therapy would not be supported. As such, the requested physical therapy 1 to 2 sessions for instruction on a home exercise program and stretching is not medically necessary or appropriate.

Medication - Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested medication Norco 10/325 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by quantitative measures to support pain relief, management of side effects, documented increased functional capabilities, and monitoring for aberrant behavior. The clinical documentation submitted for review did not provide any documentation that the patient has been monitored for aberrant behavior within the last 2 years. Additionally, the clinical documentation submitted for review does not provide any evidence of significant pain relief or

functional benefit from the continued use of this medication. As such, the requested Norco 10/325 mg is not medically necessary or appropriate.

Medication - Soma 350 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (SomaÂ®) Page(s): 29.

Decision rationale: The requested medication Soma 350 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule does not recommend the use of Soma due to the high incidence of physiological and psychological dependence. As the safety and efficacy of this medication are not supported by guideline recommendations, continued use would not be supported. As such, the requested Soma 350 mg is not medically necessary or appropriate.

Medication - Temazepam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Pain Chapter.

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

Decision rationale: The requested Temazepam is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended period of time. California Medical Treatment Utilization Schedule does not recommend the extended use of benzodiazepines in the treatment of chronic pain symptoms. California Medical Treatment Utilization Schedule states, "Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety." The clinical documentation submitted for review does not support extending treatment beyond guideline recommendations. As California Medical Treatment Utilization Schedule recommends limiting the use of benzodiazepines to 4 weeks, continued use of this medication would not be supported. As such the requested Temazepam is not medically necessary or appropriate.

Medication - Hydroxyline: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the online website Catalog MD

Decision rationale: The requested Hydroxyline is not medically necessary or appropriate. An online resource, Catalog MD, describes Hydroxyline as a liquid formulation of calcium hydroxide 100%. According to this resource, indications for this medication are for local oral treatment. The clinical documentation submitted for review does not provide any evidence of deficits that would require this medication. Additionally, there is no documentation of the patient's response to treatment of this medication. As such, continued use would not be supported. As such, the requested Hydroxyline is not medically necessary or appropriate.