

Case Number:	CM13-0030141		
Date Assigned:	11/27/2013	Date of Injury:	12/15/2003
Decision Date:	02/14/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/26/2013

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 Florida. 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 a 46-year-old male, who reported a work-related injury on 12/15/2003 due to cumulative trauma. The patient underwent a lumbar fusion in 2006. He has been treated with pain medications, lumbar epidural steroid injections and physical therapy sessions. Recent clinical documentation stated that the patient complained of constant low back pain that he rated as a 3/10 to 7/10. His pain radiated down from the leg to the left big toe. The patient used a cane. The patient also reported associated symptoms of gastrointestinal problems, trouble falling asleep and concentration difficulties. A request has been made for an in-home TENS unit, low back brace, hot and cold wrap, Norco 10/325 mg #90, naproxen sodium 550 mg #60, Lidoderm patches #60, Nexium 40 mg #60, LidoPro and Medrox patches #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

An in-home TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): s 114-117.

Decision rationale: The Chronic Pain Guidelines indicate that a one (1) month trial period of a TENS unit should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. The guidelines further state that a rental would be preferred over a purchase during this trial. There was a lack of documentation noting the outcomes in terms of pain relief and function for the patient due to a one (1) month trial period of a TENS unit. There was also no evidence given of a treatment plan, to include the specific short and long-term goals of treatment with a TENS unit per the guideline criteria. Therefore, the decision for an in-home TENS unit is non-certified.

A hot and cold wrap: 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, Heat Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: A request was made in the recent submitted clinical documentation for a hot and cold wrap for inflammation. The MTUS/ACOEM Guidelines indicate that at-home local applications of cold in the first few days of acute complaints, and thereafter applications of heat and cold are recommended. The patient's injury was noted to be in 2003. The Official Disability Guidelines indicate that there is moderate evidence that heat wrap therapy provides a small, short-term reduction in pain and disability in acute and subacute low back pain. The patient was noted to have chronic low back pain. The clinical documentation submitted does not support the request for a hot and cold wrap. Therefore, the decision for a hot and cold wrap is non-certified.

A low back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 297-300.

Decision rationale: The recent clinical documentation stated that the patient was not wearing any braces or assistive devices. A low back brace for support with activity was recommended for the patient. The MUTS/ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The guidelines further state that there is no evidence for the effectiveness of lumbar supports in preventing back pain. The patient was noted to have chronic low back pain. Therefore, the decision for a low back brace is non-certified.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: The recent clinical documentation stated that the patient complained of constant low back pain, in which he rated as a 3/10 to 7/10 on a pain scale of 0 to 10. The patient was noted to be taking Norco 10/325 mg #90 at one (1) tablet every 6 to 8 hours as needed for pain. The Chronic Pain Guidelines indicate that on-going review and documentation of pain relief, functional status, and appropriate medication use and side effects should be noted for patients taking opioids for pain management. There was a lack of documentation noting the patient's functional improvements due to the use of Norco. There was no pain assessment noted for the patient before and after taking the medication. There was also no satisfactory response to treatment, which may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Therefore, the decision for Norco 10/325 mg #90 is non-certified.

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): s 67-68.

Decision rationale: The recent clinical documentation noted that the patient was taking naproxen sodium 550 mg #60 for inflammation. The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief for chronic low back pain. Furthermore, naproxen is recommended for osteoarthritis at the lowest dose for the shortest period of time in patients with moderate to severe pain. The patient was not noted to have a diagnosis of osteoarthritis. It is unclear per the submitted documentation as to how long the patient has been taking naproxen sodium. Therefore, the decision for naproxen sodium 550 mg #60 is non-certified.

Lidoderm patches #60: Upheld

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

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

Decision rationale: The recent clinical documentation stated that the patient was prescribed Lidoderm patches 5% (#60) at one to two (1 to 2) patches daily. 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, to include tricyclic or Serotonin-norepinephrine

reuptake inhibitor (SNRI) antidepressants or an Antiepileptic drug (AED), such as gabapentin or Lyrica. There was no documentation stating that the patient had tried and failed first-line therapy medications. The guidelines further state that Lidoderm patches are not a first-line treatment and are only FDA-approved for postherpetic neuralgia and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, the decision for Lidoderm patches #60 is non-certified.

Nexium 40mg #60: 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 risk Page(s): 68.

Decision rationale: The clinical documentation stated that the patient was prescribed Nexium 40 mg (#60) at 1 tablet twice daily for gastric protection. It was noted in the recent clinical documentation that the patient has associated symptoms of gastrointestinal problems, to include an upset stomach, gastritis and heartburn. The Chronic Pain Guidelines indicate that for patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a nonselective NSAID with either a proton pump inhibitor or misoprostol or a COX-2 selective agent is recommended. The patient's current NSAID was not certified; therefore, a proton pump inhibitor, such as Nexium, would not be recommended for the patient. Therefore, the decision for Nexium 40 mg #60 is non-certified.

LidoPro: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-113.

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

Decision rationale: The clinical documentation stated that the patient had been prescribed LidoPro, which contained capsaicin, menthol, lidocaine and methyl salicylate. The patient was to apply topical amounts two to three (2 to 3) times a day, as needed for topical relief of muscle pain, inflammation and strain. The patient was also prescribed Terocin lotion, capsaicin and menthol, which also are used for topical relief and which the patient could alternate with Medrox patch #20. The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further state that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The guidelines further state that topical capsaicin should be considered experimental in very high doses. The guidelines indicate that many agents are

compounded as monotherapy or in combination for pain control, and there is little to no research to support the use of many of these agents. As such, the decision for LidoPro is non-certified.

Medrox patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-113.

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

Decision rationale: The clinical documentation stated that the patient was recommended for Medrox patch #20, which he could alternate with Terocin lotion and LidoPro for muscle pain, inflammation and strain. Per the Medrox online package insert, Medrox is a topical analgesic containing menthol 5% and 0.0375% capsaicin. The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The guidelines also indicate that capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments, and there have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines state that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Therefore, the decision for Medrox patches #20 is non-certified.