

Case Number:	CM13-0033709		
Date Assigned:	12/06/2013	Date of Injury:	09/11/2006
Decision Date:	02/05/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/10/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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. 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:

This is a patient with a date of injury of September 11, 2006. A utilization review determination dated September 10, 2013 recommends noncertification of Lidoderm patch, nortriptyline, Zanaflex, and melatonin. A utilization review determination dated November 15, 2013 recommends certification of Cymbalta, morphine, and Percocet. A progress report dated November 22, 2013 identifies subjective complaint stating, "Pain level has increased since last visit. He does not report any change in location of pain. No new pain problems or side effects. Quality of sleep is fair. He denies any new injury since last visit. Activity level has remained the same. The patient is taking his medications as prescribed. He states the medications are working well. No side effects reported." Current medications include Viagra, Percocet, Lidoderm, Zanaflex, Cymbalta, Ambien, and Kadian. Objective examination findings identify, "lumbar spine: on inspection of the lumbar spine revealed surgical scar. Range of motion is restricted with flexion limits of 15° , extension limited to 5° , right lateral bending limited to 15° , left lateral bending limited to 10° and limited by pain. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on the right side. Lumbar facet loading is positive on the right side. Straight leg raising test is negative." Motor examination identifies 4 out of 5 strength on the left extensor hallucis longus muscle (EHL). Sensory examination reveals, "Light touch sensation is decreased over lateral foot and lateral thigh on the right side." Diagnoses include lumbar radiculopathy lumbar degenerative disc disease. Current treatment plan states, "Patient states he averages 4-5 hours of sleep at night. Patient wakes constantly during the night due to pain. Patient states he must care for his child in the morning and get him ready for school and finds it difficult when he does not sleep. Patient states with Ambien patient was able to g

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription Lidoderm Patch 5% #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding the request for Lidoderm, Chronic Pain Medical Treatment Guidelines state that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Within the documentation available for review, the requested position has identified that the patient was unable to tolerate Lyrica, a first-line agent in the treatment of neuropathic pain. Additionally, the requesting physician has identified that the patient has subjective complaints and objective findings consistent with localized neuropathic pain. Furthermore, the requesting physician has identified that the patient's pain is reduced from 8/10 to 3/10 with the use of this medication, and that there are no side effects as a result of this medication. Therefore, the currently requested Lidoderm patch is medically necessary.

Request for prescription of Nortriptyline HCL 25mg #60: Overturned

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 Page(s): 13-16.

Decision rationale: Regarding the request for nortriptyline, guidelines state that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is evidence that the patient has subjective complaints and objective findings of neuropathic pain. The requesting physician has documented that the patient has failed numerous medications for neuropathic pain. Therefore, the currently requested nortriptyline is medically necessary.

Request for prescription of Zanaflex 4mg #30: 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 Page(s): 63-67.

Decision rationale: Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Zanaflex. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex is not medically necessary.

Request for prescription of Melatonin 3mg #30: 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 Official Disability Guidelines (ODG), Pain Medication, Melatonin, Insomnia treatment.

Decision rationale: Regarding the request for melatonin, California MTUS guidelines do not contain criteria for the use of melatonin. ODG states that melatonin is recommended. They go on to state of the pharmacological agent should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: A) sleep onset; B) sleep maintenance; C) sleep quality; D) next day functioning. Within the documentation available for review, the requesting physician has identified that the melatonin was ineffective for his patient. Additionally, there is no indication that the patient has had a careful evaluation of potential causes of the sleep disturbance. In the absence of such documentation, the currently requested melatonin is not medically necessary.