

Case Number:	CM13-0047960		
Date Assigned:	12/27/2013	Date of Injury:	01/29/2007
Decision Date:	03/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physician Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 53 year old male who reported an injury on 01/29/2007. The patient is diagnosed with failed low back pain surgery, left sided lumbar radiculopathy, sacroiliac joint dysfunction, painful hardware, and myofascial pain syndrome. The patient was seen on 11/15/2013. The patient reported ongoing 5-6/10 low back pain with radiation to the right lower extremity. Physical examination revealed moderate tenderness to palpation and tightness over the paraspinal musculature, positive straight leg raising, hypoesthesia and dysesthesia along the left posterior thigh and calf and diminished reflexes. Treatment recommendations included continuation of current medications including Lidoderm, Protonix, Norco, Soma, Ultram, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg, #60 with 2 refills between 9/4/2013 and 1/4/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. The patient's physical examination continues to report moderate tenderness to palpation with muscle tightness. Satisfactory response to treatment has not been indicated. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

1 prescription of Lidoderm patch 5% #60 with 2 refills between 9/4/2013 and 1/4/2014:
Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Lidocaine is indicated for neuropathic pain and peripheral neuropathy following a trial of antidepressants and anticonvulsants. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent lower back pain with radiation to bilateral lower extremities. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Additionally, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

1 prescription of Voltaren gel #2 tubes between 9/4/2013 and 12/15/2013: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient does not maintain a diagnosis of osteoarthritis. Additionally, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Based on the clinical information received, the request is non-certified.

1 prescription of Ultram 50mg, #90 with 2 refills between 9/4/2013 and 1/4/2014 (is conditionally non certified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Therefore, the request is non-certified.

1 prescription of Norco 10/325mg, #120 with refills between 9/4/2013 and 1/4/2014 (is conditionally non certified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Therefore, the request is non-certified.