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| Case Number: | CM13-0050386 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/27/2007 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 10/31/2013 |
| Priority: | Standard | Application Received: | 11/13/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 34 year old male who was injured on 11/27/2007 while he was moving a barrel (about 55 pounds) it began to fall and he braced it to prevent it from falling. As a result he experienced pain in his lower back and left leg. Prior treatment history has included Cymbalta for depression; SCS trial for about 8 days and then the stimulator was removed. Supplemental Report dated 10/30/2013 indicated the patient continues to report of pain in his lower back which travels to his left leg and is associated with numbness and tingling sensations and weakness in his left leg. His pain is aggravated by many physical activities as well as prolonged periods of inactivity. He takes medication for pain relief as needed however he has to avoid taking medications for 1 month due to the SCS trial. The patient also reports having sleep problems, sexual problems, as well as appetite and weight fluctuations. The patient is currently not working. PR2 dated 09/12/2013 indicated the patient is in for a follow-up. He does have ongoing low back pain and left lower extremity symptoms that he rates a 7/10 on the pain scale. Overall, his condition remains the same with no significant change. He does continue to have limitations with his activities including sitting, standing, and walking. He does have difficulty sleeping at night secondary to his pain complaints. He is taking Norco, Flexeril, Senna, and utilizing Terocin patches. These medications do help with his pain and normalization of the function. He does have some constipation secondary to the medications; he takes the Senokot for this. On physical examination, the patient is alert and oriented, in no acute distress. His gait is normal and nonataxic. The range of motion of the lumbar spine is limited in all planes. He has diminished sensation of the left L4 and L5 dermatomes. The left plantar flexion, EHL, and tibialis anterior are 4+/5. He does have a positive straight leg raise test on the left side with symptoms extending to the foot at 50 degrees. The patient is diagnosed with possible postlaminectomy syndrome, status post L4 through S1 partial laminectomy; and chronic low back and left leg pain. The

patient was recommended Terocin patch box, hydrocodone/APAP; Docusate/Sennosides; and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) BOX OF TEROGIN PATCHES (10 PATCHES PER BOX): Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The medical records do not establish neuropathic pain. The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topical lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request is recommended as non-certified.

HYDROCODONE/APAP 10/325MG, #90: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. PR2 dated 09/12/2013 indicated the patient had ongoing low back pain and left lower extremity symptoms that he rated a 7/10, his condition remained the same with no significant change. The medical records do not quantify the patient's pain level with versus without medications, that support the patient has obtained clinically significant pain relief with Norco. The medical records do not document use of a pain diary by the patient to catalog medication use, which is advised by the guidelines. The guidelines state continuation of opioids is recommended if the patient has returned to work and if patient has improved functioning and pain. The medical records do not demonstrate either return to work or improvement in function and pain with opioid use. Given these factors, recommendation is to non-certify the requested Norco. Recommend dispensing

#45 tablets so as institute pain diary, consider psychological counseling and additional documentation of pain control as per guidelines.

DOCUSATE/SENNOSIDES 50/8.6MG, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: The guidelines suggest that when initiating opioids, prophylactic treatment of constipation should be initiated. The medical records document the patient had been taking opioids. Furthermore, he reported having some constipation secondary to medication use. The medical necessity for a laxative and stool softener is established. Therefore, the request for Docusate/Sennosides is recommended certified.

CYCLOBENZAPRINE 7.5MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL (R) AND MUSCLE RELAXANTS (FOR PAIN) Page(s): 41, 63.

Decision rationale: According to the guidelines, Flexeril is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. The most recent medical records do not establish this patient has presented with any acute exacerbation of chronic LBP. Muscle spasm is not demonstrated on examination. In addition review of the records indicates Flexeril has been taken on a chronic basis, which is not supported or recommended by the guidelines. Consequently, recommendation is non-certify the request. Recommend dispensing #30 tablets to allow for transition off medication.