

Case Number:	CM13-0050650		
Date Assigned:	06/11/2014	Date of Injury:	01/03/2005
Decision Date:	07/15/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 injured worker is a 45 year old female injured on 01/03/05 when she was pulling drawers of food from a snack bar resulting in low back injury. Current diagnoses included lumbar discogenic disease with radiculopathy, thoracolumbar strain, bilateral mild sacroiliac joint pain, and status post left shoulder arthroscopic surgery. Treatments to date included left shoulder surgery, diagnostic exams, acupuncture, and medication management. Clinical notes dated 10/15/13 indicated the injured worker presented with improved back pain status post lumbar facet block formed on 09/23/13. Physical examination revealed lumbar spine spasm, painful range of motion, limited range of motion, positive Lasegue on the right, positive straight leg raise on the right, pain on the right at S1 distribution, and tenderness to palpation over facet joints. Treatment plan included Toradol 60mg intramuscular, home exercise program, continued regular work, additional facet block at L4-S1 bilaterally, and continued prescriptions for Norco 10-325mg, Flexeril 7.5mg, and Lidoderm Patches. The initial request for Flexeril 7.5mg, Lidoderm Patches, and Toradol 60mg one intramuscular injection was initially denied on 10/02/13. The request for Norco 10-325mg #120 was modified for weaning on 10/02/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325 MG #120 cannot be established at this time. The request is not medically necessary and appropriate.

FLEXERIL 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril 7.5MG cannot be established at this time. The request is not medically necessary and appropriate.

LIDODERM PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an atypical antidepressants or anticonvulsants (AED) such as Gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore

Lidoderm patches cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines. The request is not medically necessary and appropriate.

TORADOL 60 MG ONE INTRAMUSCULAR INJECTION: 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 NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. There is no indication in the documentation provided that the injured worker was being treated for an acute injury. As such, the request for Toradol 60 mg one intramuscular injection cannot be recommended as medically necessary. The request is not medically necessary and appropriate.