

Case Number:	CM13-0053326		
Date Assigned:	12/30/2013	Date of Injury:	08/30/2005
Decision Date:	03/17/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 patient is a 53-year-old male with date of injury of 08/30/2005. Per [REDACTED] report, 10/07/2013, the listed diagnoses are: 1. Lumbar myoligamentous injury with degenerative disk disease, facet arthropathy, bilateral lower extremity radiculopathy. 2. Cervical sprain/strain syndrome with possible left upper extremity radiculopathy. 3. Traumatic brain injury with tinnitus and visual impairment. 4. Left shoulder internal derangement, status post arthroscopic repair, 2006. 5. Cervicogenic headaches. 6. Hypertension. 7. Bilateral carpal tunnel syndrome. 8. Medication-induced gastritis with irritable bowel syndrome. The patient's presenting symptoms are persistent low back pain with radiation to the lower extremities, 5/10 intensity. The patient had an epidural injection that worked well, but never more than a few months. The patient is hesitant to consider spinal cord stimulation. Under pharmacological assessment and management which appears on each report verbatim, it states patient agrees to actively participate in self-directed rehabilitation in conjunction with medication use and able to subjectively and objectively demonstrate that each medication aids to increase his functional ability. Under discussion, the treater states that as the patient's back and leg pain has continued to increase, he believed the best long-term solution was to trial spinal cord stimulation, but this was denied as the patient did not have surgery first, which the treater felt was a ridiculous argument.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #480: 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 Long-term Opioid use, Opioids, long-term assessment Page(s): 88-89.

Decision rationale: This patient presents with chronic neck, low back, and thoracic pains. Review of the reports showed that the MRI from 2009 showed 4- to 5-mm disk protrusion at L4-L5; prior MRI from 2006 showed multilevel disk protrusion measuring 4 to 6 mm from L3 to S1; MRI of the C-spine, 2008, showed 2- to 3-mm posterior disk at C4-C6; thoracic MRI from 2008 showed 1- to 2-mm disk bulge at T7-T8. EMG/NCV studies were normal for lower extremities in 2006, EMG/NCV studies showed bilateral carpal tunnel syndrome of the hands in 2007. The treating physician has been prescribing Norco 10/325 six tablets a day, a 3-month supply, for quite some time as far back as 01/15/2013 report. In reference to the medication and in particular Norco, the treating physician provides documentations that medications are helping and enabling him to function on daily basis. For chronic opioid use, MTUS Guidelines provide specific requirements for documentation. Page 88 and 89 MTUS Guidelines requires documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit and function should be measure at 6-month intervals using a numerical scale or validated instrument. Furthermore, outcome measures, current pain, the least reported pain over the periods since the last assessment, average pain, intensity of pain, etcetera, are required. MTUS Guidelines also talks about 4 A's including analgesia, activities of daily living, adverse effects, adverse behavior. In this patient, patient's functional level is not well documented. While the treating physician provides generic statements stating "medications enable him to function on a daily basis" repeatedly on nearly all visitation reports; on the same reports, the patient is noted to have difficulty performing simple chores around the house including cooking and cleaning. 01/15/2013 report indicates that the patient has limited mobility and activity tolerance, but on the same treater's report, the medications enable him to function on a daily basis. If the patient has limitations in mobility and activity tolerance, it is not known how this patient is functioning on a daily basis with medications. On 04/16/2013, the treater reports "difficulty performing simple chores around the house including cooking and cleaning" with pain increased, especially in the left leg, but on the same report, he states "current oral analgesic medications which enable him to function on daily basis". Again, when this patient has difficulty performing simple chores around the house such as cooking and cleaning, it is not known how the medications are enabling him to function on a daily basis. The treating physician also does not provide before and after pain levels or functioning levels using a numerical scale. There are discussions of outcome measures as required by MTUS Guidelines. Given the lack of adequate demonstration that these medications are doing anything for this patient, recommendat

Anaprox DS 550mg #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 Medications for chronic pain, Anti-inflammatory medications, and NSAIDs (non-steroidal anti-infl.

Decision rationale: This patient presents for chronic neck and low back pains. The treating physician has prescribed Anaprox and states that this patient experienced alleviations of spasms in the neck and low back due to this medication. MTUS Guidelines report NSAID as a first-line treatment for chronic low back pain. Pain assessment on functional improvement documentation is required. However, for use of NSAID, the documentation requirement is not as stringent as for chronic opiate use. Recommendation is for authorization.

Dendracin topical analgesic cream: 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 Topical Analgesics Page(s): 111.

Decision rationale: This patient presents for chronic neck and low back pain with radiating symptoms to upper and lower extremities. The treating physician has consistently provided Dendracin topical cream. Dendracin cream contains lidocaine or something equivalent to this. Per MTUS Guidelines, topical lidocaine is only recommended in a formulation of a dermal patch. It states "no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." Recommendation is for denial.

Duragesic 50mcg #15 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for Use of Opioids Page(s): 60-61, 88-89.

Decision rationale: This patient presents with chronic neck, low back, thoracic pains. Review of the reports showed that the MRI from 2009 showed 4- to 5-mm disk protrusion at L4-L5; prior MRI from 2006 showed multilevel disk protrusion measuring 4 to 6 mm from L3 to S1; MRI of the C-spine, 2008, showed 2- to 3-mm posterior disk at C4-C6; thoracic MRI from 2008 showed 1- to 2-mm disk bulge at T7-T8. EMG/NCV studies were normal for lower extremities in 2006, EMG/NCV studies showed bilateral carpal tunnel syndrome of the hands in 2007. The treating physician has been prescribing Duragesic patch, a 3-month supply, for quite some time as far back as 01/15/2013 report. In reference to the medication and in particular Duragesic patch, the treating physician provides documentations that medications are helping and enabling him to function on daily basis. For chronic opioid use, MTUS Guidelines provide specific requirements for documentation. Page 88 and 89 MTUS Guidelines requires documentation of

pain and functional improvement compared to baseline. Pain should be assessed at each visit and function should be measure at 6-month intervals using a numerical scale or validated instrument. Furthermore, outcome measures, current pain, the least reported pain over the periods since the last assessment, average pain, intensity of pain, et cetera, are required. MTUS Guidelines also talks about 4 A's including analgesia, activities of daily living, adverse effects, adverse behavior. In this patient, patient's functional level is not well documented. While the treating physician provides generic statements stating "medications enable him to function on a daily basis" repeatedly on nearly all visitation reports; on the same reports, the patient is noted to have difficulty performing simple chores around the house including cooking and cleaning. 01/15/2013 report indicates that the patient has limited mobility and activity tolerance, but on the same treater's report, the medications enable him to function on a daily basis. If the patient has limitations in mobility and activity tolerance, it is not known how this patient is functioning on a daily basis with medications. On 04/16/2013, the treater reports "difficulty performing simple chores around the house including cooking and cleaning" with pain increased, especially in the left leg, but on the same report, he states "current oral analgesic medications which enable him to function on daily basis". Again, when this patient has difficulty performing simple chores around the house such as cooking and cleaning, it is not known how the medications are enabling him to function on a daily basis. The treating physician also does not provide before and after pain levels or functioning levels using a numerical scale. There are discussions of outcome measures as required by MTUS Guidelines. Given the lack of adequate demonstration that these medications are doing anything for this patient, recommendation is for

Androgel 1.62% patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: This patient presents with chronic neck and low back pain. The patient has been on high doses of opiates for quite some time. The treating physician has prescribed AndroGel. However, review the reports from 01/15/2013 to 10/07/2013, it did not provide any discussion regarding efficacy of this medication. There are no reportings of testosterone level. There are no reports of energy, libido or other clinical symptoms associated with low testosterone level. There are no discussions regarding efficacy of AndroGel either. MTUS Guidelines requires documentation of pain assessment and functional level with use of medications for chronic pain (pages 60 and 61). In this case, the treating physician is presumably prescribing AndroGel to treat this patient's low testosterone level which is presumably due to chronic use of opiates. However, the treating physician does not provide any documentation whether this, in fact, is what is happening. There is no documentation regarding efficacy of the prescribed medication. Recommendation is for denial.

Soma 350mg amount/duration unspecified: 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 Carisoprodol (Soma®) Page(s): 29.

Decision rationale: This patient presents for chronic neck and low back pain with radiation into the upper and lower extremities. The treating physician has been prescribing Soma in a long-term basis. MTUS Guidelines page 29 states for Soma "not recommended. This medication is not indicated for long-term use." Recommendation is for denial.

Lidoderm 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 111.

Decision rationale: This patient presents with chronic neck and low back symptoms with MRIs demonstrating disk bulge/protrusions and cervical, thoracic, and lumbar spine. The treating physician has prescribed Lidoderm patches. MTUS Guidelines page 111 states that lidocaine topical formulation is recommended for neuropathic pain and that this is recommended for localized peripheral pain after there has been evidence of trial of first-line therapy such as tricyclic, SNRI, antidepressants, or an AED such as Gabapentin or Lyrica. In this patient, there is no evidence that the patient is tried tricyclic or antidepressants or Gabapentin despite review of reports from 01/15/2013 to 10/07/2013. It is possible that the patient may have tried this in the years past. More importantly, the treating physician does not describe what this patch is being used for. I am assuming that the patient is using it for neck and low back pain. However, MTUS Guidelines do not support Lidoderm patches for musculoskeletal pain but it is supported for neuropathic pain where the pain is localized peripherally. In this case, the patient has diffuse radicular symptoms and Lidoderm patches are presumably used for neck and low back pain for which there is no indication. Recommendation is for denial.

Ibuprofen 600mg amount/duration unspecified: 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 (non-steroidal anti-inflammatory drugs). Page(s): 22, 67-68.

Decision rationale: This patient presents with chronic neck and low back pain with radiating symptoms into the upper and lower extremities. There is a request for Ibuprofen 600 mg. However, despite review of the treater's report from 01/15/2013 to 10/07/2013, I do not see that Ibuprofen is listed in his progress reports. MTUS Guidelines do support use of NSAIDs for chronic low back pain as a first-line treatment. However, this patient is currently on Anaprox

which is an NSAID. There was no support for using multiple NSAIDs, and in fact, this is not recommended. Furthermore, the treating physician's report seemed to indicate the patient is on Anaprox rather than Ibuprofen. Recommendation is for denial of the requested ibuprofen 600 mg.