

Case Number:	CM13-0056635		
Date Assigned:	12/30/2013	Date of Injury:	10/28/2002
Decision Date:	05/15/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 49-year-old female with a date of injury of 10/28/2002. The listed diagnoses per [REDACTED] are: 1. Knee sprain on the left with popping and cracking. 2. Ankle sprain with an old injury on the right and left, status post-surgical intervention on the right. 3. Discogenic cervical condition. 4. Sleep issues. According to the progress report dated 09/04/2013 by [REDACTED], the patient presents with continued pain of bilateral ankles, neck, and left knee. The patient states the pain is constant in all injured areas. The pain is at 4/10 to 5/10 on a regular basis. It increases to 10/10 when the pain is at the maximum intensity. The patient states she has clicking in the left knee, spasms in the right ankle and the neck, and some numbness in the right ankle as well. The patient uses medications, hot and cold modalities for pain, as well as a TENS unit. It was noted that the patient finds the TENS unit effective in pain reduction. The treater would like to request replacement TENS pad and refill of medications. The patient's medication includes Lidoderm patches, naproxen 550 mg, Flexeril 7.5 mg, Protonix 20 mg, Norco 10/325 mg, and Lidoderm lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS pads: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, H-wave, Interferential Transcutaneous electrotherapy Page(s): 114.

Decision rationale: This patient presents with continued pain of bilateral ankles, neck, and left knee. The treater is requesting a replacement pad for the TENS unit. Report from 09/04/2013 provides a statement that patient is utilizing a TENS unit and find it "effective in pain reduction." Per MTUS Guidelines page 116, a "1-month trial period of the TENS unit should be documented with function of how often the unit was used as well as outcomes in terms of pain relief." Based on medical records reviewed from 04/29/2013 to 09/04/2013, the patient has been utilizing a TENS unit and the treater states that it is effective in pain reduction. Given that the patient has been provided with a TENS unit already, replacement pads should be allowed. Recommendation is for authorization.

60 Lidoderm patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: This patient presents with continued pain of bilateral ankles, neck, and left knee. The treater is requesting Lidoderm patches. The MTUS Guidelines page 112 states under lidocaine indications are for neuropathic pain "recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." This patient has been using these patches since 04/29/2013. A review of medical records from 04/29/2013 to 09/04/2013 does not show evidence of neuropathic pain that is "localized peripheral pain." The patient is being treated for knee and ankle sprain and neck pain. There is no evidence of neuropathic pain. Furthermore, the treater does not provide any discussion on the efficacy of these patches, if any. The requested Lidoderm patches are not medically necessary, and recommendation is for denial.

60 Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: This patient presents with continued pain of bilateral ankles, neck, and left knee. The treater is requesting Naproxen 550mg. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be

warranted." It further states that NSAIDs are supported for the treatment of chronic LBP. Medical records indicate patient has been taking Naproxen 550mg since 04/29/2013. Report from 09/04/2013 states, the patient rates pain with medication 4/10 and without 7-8/10; which helps her to return to work and perform activities of daily living. MTUS page 60 requires pain assessment and functional changes be documented when medication is used for chronic pain. The requested Naproxen is medically necessary and recommendation is for approval.

Lidoderm lotion 4oz: 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 with continued pain of bilateral ankles, neck, and left knee. The treater is requesting Lidoderm Lotion. The MTUS Guidelines page 112 states under lidocaine indications are for neuropathic pain "recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." A review of medical records from 04/29/2013 to 09/04/2013 does not show evidence of "localized peripheral pain." The patient is being treated for knee and ankle sprain and neck pain. Furthermore, per MTUS, lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Recommendation is for denial.

60 Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Amrix®, Fexmidâç Page(s): 64.

Decision rationale: This patient presents with continued pain of bilateral ankles, neck, and left knee. The treater is requesting a refill of Flexeril 7.5mg. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use." In this case, medical records indicate this patient has been prescribed this medication since 04/29/2013, possibly earlier, as this is the earliest report provided for review. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested Flexeril is not medically necessary and recommendation is for denial.

60 Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with continued pain of bilateral ankles, neck, and left knee. The treater is requesting Protonix. Treater has requested a refill of Protonix. Protonix is in the same class of medication as Prilosec and the MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Medical records show this patient has been on Naproxen and Protonix since 04/29/2013. As medical records document, the treater is prescribing Protonix "to buffer the stomach." This medication is not indicated solely to protect the stomach when NSAIDs are used. GI risk assessments should be made. Recommendation is for denial.

30 Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

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

Decision rationale: This patient presents with continued pain of bilateral ankles, neck, and left knee. The treater is requesting For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, MTUS states, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." As medical records document, the patient has been taking Norco since at least 04/29/2013. Progress report from 09/04/2013 documents decrease in pain with medication using a numerical scale. The treater also reports patient is able to return to work and participate in daily activities of living with medications. This patient is working and chronic opiates use appears to help with that. Given the patient's functional improvement with opiates, recommendation is for authorization.