MAXIMUS Federal Services

Case Number:	CM13-0065162		
Date Assigned:	05/02/2014	Date of Injury:	03/14/2008
Decision Date:	06/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/12/2013

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 an employee of [redacted]. and has submitted a claim for neck sprain, and low back pain associated with an industrial injury date of 03/14/2008. Treatment to date has included cervical facet joint injection, use of a TENS unit, chiropractic care, psychiatric counseling, home exercise program, and medications such as tramadol, Anaprox, Trazodone, Cymbalta, Lunesta, Lidoderm patches, and Baclofen. Medical records from 2010 to 2013 were reviewed showing that patient complained of intermittent, sharp neck pain, graded 8/10 in severity; and dull, low back pain, graded 4/10. Pain was aggravated with movement, and relieved upon intake of medications, rest, and exercise. Physical examination showed tenderness and taut bands at the paracervical and paralumbar muscles. Motor testing and reflexes were normal. Sensation was intact. Utilization review from 11/14/2013 denied the requests for 6 months of gym membership due to lack of documentation that the patient had failed a home exercise program; and Lidoderm 5% patch, #30 with 5 refills because patient did not present with features consistent with neuropathic pain. The request for Norco 10/325mg, #60 was modified into #45 for weaning purposes since the pain levels remained the same and without functional improvement noted. On the other hand, the request for Anaprox DS 550mg, #100 with 5 refills was likewise modified into 1 refill because there was no chronic use of NSAID and patient was to start weaning from opioids, thus, Anaprox is a reasonable option.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTHS GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships.

Decision rationale: CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Gym Membership was used instead. It states that gym memberships are not recommended as a medical prescription unless the documented home exercise program has been ineffective and there is a need for specialized equipment; treatment needs to be monitored and administered by medical professionals. In this case, the patient had a gym membership program in July 2013. However, the total number of sessions, as well as outcomes, was not documented. Patient has been compliant with his home exercise program, and there is no discussion that it is ineffective or if there is a need for specialized equipment warranting this present request. Therefore, the request for 6 months gym membership is not medically necessary.

ONE PRESCRIPTION OF NORCO 10/325MG #60 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 78.

Decision rationale: As stated on page 78 of Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opiod use: Analgesia (pain relief), Adverse effects (side effects), Activities of daily living (physical and psychosocial functioning) and Aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed with opioid since 2009. The medical records do not clearly reflect continued and significant analgesia, continued functional benefit, or a lack of adverse side effects. Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Furthermore, there is no discussion concerning the number of refills being requested. Therefore, the request for NORCO 10/325mg, #60 with 5 refills is not medically necessary.

ANAPROX DS 550MG #100 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Page(s): 46.

Decision rationale: As stated on page 46 of the Chronic Pain Medical Treatment Guidelines, (NSAIDs) non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been on Anaprox since July 2013 due to persistence of pain despite opioids and muscle relaxant use. The 11/17/13 report states that the patient does get pain relief from the prescribed medications; however, it doesn't quantitatively document the extent of pain relief (VAS ratings) nor document any functional improvements. Requesting several refills in advance isn't supported given the lack of information as to the benefit of Anaprox. Therefore, the request for Anaprox DS 550mg #100 with 5 refills is not medically necessary.

ONE PRESCRIPTION OF LIDODERM 5% PATCH #30 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57.

Decision rationale: As stated on pages 56-57 of Chronic Pain Medical Treatment Guidelines, topical Lidocaine may be recommended 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, patient has been prescribed with Lidoderm patches since 2010. A progress report, dated July 2013, cited that it provided him 50% pain relief. However, patient's presentation of neck and back pain without radiating symptoms, weakness, or numbness is not consistent with neuropathic pain. There is no documentation regarding the indication. Moreover, there is no discussion concerning the quantity of refills being requested. Therefore, the request for Lidoderm 5% patch #30 with 5 refills is not medically necessary.