

Case Number:	CM14-0003226		
Date Assigned:	02/21/2014	Date of Injury:	01/30/2007
Decision Date:	06/25/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology, 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 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 40-year-old female who has submitted a claim for lumbar myofasciitis, and lumbar radiculopathy associated with an industrial injury date of January 13, 2007. Medical records from 2013 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities associated with numbness. The patient likewise complained of gastrointestinal symptoms. The patient was able to perform her usual and customary duties. Intake of medications provided pain relief. Physical examination of the lumbar spine revealed tenderness, muscle spasm, and restricted range of motion. Gait was slow and antalgic. She utilized a one-point walking cane. Abdominal examination showed generalized tenderness. Treatment to date has included L4 to L5 disc replacement in August 3, 2011; epidural steroid injection, trigger point injections, acupuncture, IM Toradol injection, and medications such as Lyrica, Vicodin, nortriptyline, Senokot, ranitidine, Robaxin, Voltaren gel, and Lidoderm patch. Utilization review from December 13, 2013 denied the requests for Lyrica 75mg, #60 because patient did not present with neuropathic pain; Vicodin 5/500mg, #60 because there was no documented functional benefits; nortriptyline 50mg, #60 because patient did not present with depression or anxiety symptoms; Senokot #90 because prophylactic use was not needed since the opioid was not certified; ranitidine 150mg, #30 because there are no documented GI side effects; Robaxin 750mg, #13 because there is no recent acute musculoskeletal injury; Voltaren gel because there is no established safety and efficacy of its use; and Lidoderm patches 5%, #15 because the patient did not present with neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs). Page(s): 17.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Lyrica as early as June 2013. The patient's manifestation of chronic low back pain radiating to bilateral lower extremities associated with numbness, is consistent with neuropathic pain. The patient also reported pain relief associated with the use of pregabalin. The medical necessity has been established. Therefore, the request is medically necessary.

VICODIN 5/500MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria For Use.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially 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 on Vicodin as early as June 2013. She reported pain relief associated with its use. The patient was likewise able to perform her usual and customary duties. The guideline criteria have been met. Therefore, the request is medically necessary.

NORTRIPTYLINE 50MG, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants, such as amitriptyline and Nortriptyline, are recommended as a first-line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. In this case, the patient has been on Nortriptyline as early as June 2013. The patient's manifestation

of chronic low back pain radiating to bilateral lower extremities associated with numbness, is consistent with neuropathic pain. She likewise reported difficulty sleeping. The patient reported pain relief associated with the use of Nortriptyline. The medical necessity has been established. Therefore, the request is medically necessary.

SENOKOT #90: 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 Opioids Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Senokot is a laxative providing relief from constipation. In this case, patient has been on chronic opioid therapy and reported symptoms of constipation. Since prophylactic treatment for constipation is stated in the guidelines, the request is therefore medically necessary and appropriate.

RANITIDINE 150MG, #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ranitidine)

Decision rationale: The California MTUS does not specifically address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. The FDA states that ranitidine is an H2 receptor antagonist indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. In this case, patient has been on chronic pain medications. She reported gastrointestinal complaints. Abdominal examination showed tenderness. The medical necessity has been established. Therefore, the request is medically necessary.

ROBAXIN 750MG, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64, 65.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, methocarbamol (Robaxin) is used to decrease muscle spasm in conditions such as low back pain. Its mechanism of action is related to central nervous system depressant effects. In this case, patient has been prescribed Robaxin as early as July 2013. The most recent progress reports still show presence of muscle spasm at the lumbar area. The medical necessity has been established. Therefore, the request is medically necessary.

VOLTAREN GEL: 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): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. This is particularly indicated for osteoarthritis and tendinitis of the knee, elbow or other joints for short-term use (4-12 weeks). In this case, patient has been on Voltaren gel since June 2013. The patient has gastrointestinal symptoms associated with multiple oral analgesics. However, the patient's pain is not primarily osteoarthritic in nature. In addition, the present request failed to specify the quantity to be dispensed. Therefore, the request is not medically necessary.

LIDODERM PATCHES 5%, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (Lidocaine Patch) Page(s): 56-57.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Lidoderm (lidocaine patch) 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. Furthermore, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, patient has been prescribed with a trial of lidocaine patch since September 2013. The patch was to be applied over the abdominal incision scar for localized pain relief. However, progress reports written on October to November 2013 failed to document her response from its use. Furthermore, she reported to have pain relief with the use of pregabalin and Nortriptyline, both first-line medications for neuropathic pain. The medical necessity has not been established. Therefore, the request is not medically necessary.