

Case Number:	CM14-0014142		
Date Assigned:	02/26/2014	Date of Injury:	11/07/2007
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 52-year-old female who reported an injury on 11/07/2007. The injury reportedly occurred when the injured worker had been loading and unloading cargo into a van wearing a suit and high heels for several hours, and began feeling pain to her lower back. The injured worker was diagnosed with depressive disorder. Her symptoms included severe lower back pain and pain radiating down to her left leg (S1 distribution). The injured worker was noted to be struggling and her pain was horrific by the end of the day. The injured worker remained on Valium 10mg 3 times a day but had discontinued Klonopin. The injured worker uses ice, moist heat, and her TENS unit for pain control. She was noted to receive good benefit with Lidoderm patch 5% and Voltaren gel. The injured worker was noted to have some tenderness to the left lateral hip and greater trochanteric bursa region. Diffuse tenderness throughout the lower back with moderate spasm bilateral thoracolumbar paravertebral muscles left greater than right. Injured worker was noted to have limited range of motion with flexion of 45 degrees, extension 10 degrees, and right and left lateral flexion 10 degrees. The injured worker did not have any evidence of spasticity. She appeared to be voluntarily shaking her body. The injured worker stated she had been taken to the ER on multiple occasions via ambulance (approximately 10 times) and to date, no doctor has been able to find a clinical reason for her presentation and symptoms. She was typically given Dilaudid and reported it to be helpful. She was given a muscle relaxant, Baclofen 20mg. Past medical treatment included chiropractic adjustments, epidural steroid injections, facet joint injections, heat and ice treatment, massage therapy, external TENS unit, and physical therapy. Diagnostic studies were not included in the medical records. On 01/30/2014, a request for gabapentin, Robaxin, and Prevacid had been made. A rationale for the requested treatment was not provided. A request for MiraLax and Lidoderm patches had also been made. However, the Request for Authorization was not provided in the

medical records. Therefore, the clinical note from the date that treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF ROBAXIN 750MG: 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 Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: According to the California MTUS Guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations for patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases they showed no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The guidelines further state antispasmodics are used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The documentation submitted for review indicated the injured worker did not demonstrate any signs or symptoms of seizure or involuntary movements. She did not have any evidence of spasticity. She appeared to be voluntarily shaking her body. The injured worker's treatment plan included a decrease of Robaxin from 3 times a day to 2 times a day. However, as the documentation submitted for review indicated the injured worker failed to provide any signs or symptoms of involuntary movements or any evidence of spasticity, the request is not supported. Additionally, the request as submitted failed to provide the frequency in which this medication is to be taken. Given the above, the request for Robaxin 750 mg is not medically necessary.

UNKNOWN PRESCRIPTION OF LIDODERM PATCHES: 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): 112.

Decision rationale: According to the California MTUS Guidelines, lidocaine in a transdermal application is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as, a tricyclic or SNRI antidepressant or an AED, such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine--whether creams, lotions, or gels--are indicated for neuropathic

pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipyretics. The documentation submitted for review indicated the injured worker's treatment plan included discontinuation of the Lidoderm patch and provided the injured worker with a compounded cream instead, due to the cost of Lidoderm and Voltaren gel exceeding the cost of the compounded cream. Therefore, in the absence of a rationale for the need of Lidoderm patches, the request is not supported. Additionally, the request as submitted fails to specify the quantity of the requested medication. Therefore, the request is not supported. Given the above, the request for unknown prescription of Lidoderm patches is not medically necessary.

ONE (1) PRESCRIPTION OF GRALISE 300MG: Upheld

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): 16-22.

Decision rationale: According to the California MTUS Guidelines, gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. The documentation submitted for review indicated the injured worker's treatment plan was to stop Gralise 300mg, 3 times a day and start gabapentin 600mg, 3 to 4 times a day. However, the documentation failed to provide a rationale for the increase in dosage. There was no documentation of the previous dosage being ineffective. Therefore, the request is not supported. Additionally, the request as it is submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for 1 prescription of Gralise 300 mg is not medically necessary.

ONE (1) PRESCRIPTION OF MIRALAX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2007 Jan. 10p

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines further state prophylactic treatment of constipation should be initiated. Opioid induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors and the gastrointestinal tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. The documentation submitted for review failed to provide a rationale for the need of a laxative. MiraLax was not included in the injured worker's current medications or treatment plan to indicate it was a new prescription. The documentation also failed to provide documentation of

constipation to warrant the need of a laxative. Therefore, the request is not supported. Given the above, the request for 1 prescription of MiraLax is not medically necessary.

ONE (1) PRESCRIPTION OF PREVACID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According the California MTUS Guidelines, proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy. The documentation submitted for review indicated the injured worker would discontinue the Protonix and start Omeprazole secondary to GI upset with Naprosyn and all other NSAIDs. As the injured worker noted to have GI upset with the use of NSAIDs, the request would be supported. However, the request as submitted failed to provide the dose and frequency in which this medication is to be taken. Therefore, the request is not supported. Given the above, the request for 1 prescription for Prevacid is not medically necessary.