

Case Number:	CM14-0113566		
Date Assigned:	08/01/2014	Date of Injury:	04/23/2011
Decision Date:	09/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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 Preventive 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:

According to the records made available for review, this is a 45-year-old male with a 4/23/11 date of injury. At the time (6/9/14) of request for authorization for Lumbar epidural at L4-5 with fluoroscopy, Lidoderm 5% Patch #60, Cyclobenzaprine 10mg, quantity 30, 1 refill, and Hydrocodone 7.5mg, quantity 60, with 1 refill, there is documentation of subjective (chronic low back pain radiating to the bilateral lower extremities) and objective (lumbar spasms with tenderness over the spinal vertebral levels, and decreased lumbar range of motion) findings, current diagnoses (lumbar disc displacement, lumbar facet arthropathy, and lumbar radiculitis), and treatment to date (lumbar epidural steroid injection at L4-5 on 1/24/14 with 50-80% pain relief, decrease in pain medication requirement, improved mobility and improved sleep for 5 months; ongoing therapy with Lidoderm patch with pain reduction and improved function, Cyclobenzaprine since at least 2/17/14 which is beneficial, and ongoing therapy with Hydrocodone with pain relief). In addition, medical report identifies a pain contract. Regarding Lidoderm 5% Patch #60, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Regarding Cyclobenzaprine 10mg, quantity 30, 1 refill, there is no documentation of acute exacerbation of chronic low back pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Cyclobenzaprine. Regarding Hydrocodone 7.5mg, quantity 60, with 1 refill, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural at L4-5 with fluoroscopy.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lumbar facet arthropathy, and lumbar radiculitis. In addition, there is documentation of a previous lumbar epidural steroid injection at L4-5 performed on 1/24/14. Furthermore, given documentation of 50-80% pain relief with decrease in pain medication requirement, improved mobility, and improved sleep for 5 months with previous injection, there is documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Lumbar epidural at L4-5 with fluoroscopy is medically necessary.

Lidoderm 5% patch, quantity 30 with 1 refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lumbar facet arthropathy, and lumbar radiculitis. In addition, there is documentation of neuropathic pain. Furthermore, given documentation of decreased pain and improved function with Lidoderm patch, there is documentation of functional benefit or improvement as an increase in activity

tolerance as a result of use of Lidoderm patch. However, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% Patch #60 is not medically necessary.

Cyclobenzaprine 10mg, quantity 30, 1 refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lumbar facet arthropathy, and lumbar radiculitis. In addition, there is documentation of chronic low back pain. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine since at least 2/17/14, there is no documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation of benefit with use of Cyclobenzaprine, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Cyclobenzaprine therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 10mg, quantity 30, 1 refill is not medically necessary.

Hydrocodone 7.5mg, quantity 60, with 1 refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS- Definitions identifies that any treatment

intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lumbar facet arthropathy, and lumbar radiculitis. In addition, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed, the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation of pain relief with Hydrocodone, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Hydrocodone. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone 7.5mg, quantity 60, with 1 refill is not medically necessary.

