

Case Number:	CM14-0117202		
Date Assigned:	08/06/2014	Date of Injury:	10/08/1998
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 Internal 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:

Patient is an injured worker with lumbosacral conditions. Progress report dated 06-30-2014 was provided by [REDACTED]. Date of injury was 10/08/1999. The patient complained of pain in the low back and knees. The patient describes his pain as constant sharp and aching. The patient also has pain that is constant hot-burning, numbing, pressure like, shooting, stabbing, throbbing, electrical, muscle tightness and muscle spasms. The pain radiates to the bilateral lower extremity, bilateral hips, bilateral buttock and bilateral knees. Physical examination documented a musculoskeletal examination. Lumbar extension is at 25 degree. Lumbar range of motion is flexion 75 degree. The patient is well developed and well-nourished. Patient is alert and oriented. He is in no acute distress. There is tenderness noted in the patella of the right knee. Infra-patella margin medial collateral ligament is tender to palpation. His recent memory is intact. His mood and affect are normal. Neurologic motor examination documented plantar flexion 4-/5, dorsiflexion right 4-/5, hip flexion/extension 5/5 bilateral. Diagnoses were spondylolisthesis, displacement lumbar intervertebral disc without myelopathy, thoracic lumbosacral neuritis radiculitis. Treatment plan included lumbar epidural steroid injection, Soma, Klonopin, Lidoderm, Flector, Cymbalta. Utilization review decision date was 07-15-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection left L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), 5th Edition, 2007 or current year. Low Back - Lumbar & Thoracic (Acute & Chronic) See Epidural Steroid Injections (ESIs), therapeutic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Progress report dated 06-30-2014 documented diagnoses of spondylolisthesis, displacement lumbar intervertebral disc without myelopathy, thoracic lumbosacral neuritis radiculitis. No plain film x-ray, MRI, or CT scan results were not documented. MTUS guidelines require corroboration by imaging studies or electrodiagnostic testing. Medical records do not support the medical necessity of lumbar epidural steroid injection. Therefore, the request for Lumbar epidural steroid injection left L2-L3 is Not medically necessary.

Lumbar epidural steroid injection left L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), 5th Edition, 2007 or current year. Low Back - Lumbar & Thoracic (Acute & Chronic) See Epidural Steroid Injections (ESIs), therapeutic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states

that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Progress report dated 06-30-2014 documented diagnoses of spondylolisthesis, displacement lumbar intervertebral disc without myelopathy, thoracic lumbosacral neuritis radiculitis. No plain film x-ray, MRI, or CT scan results were not documented. MTUS guidelines require corroboration by imaging studies or electrodiagnostic testing. Medical records do not support the medical necessity of lumbar epidural steroid injection. Therefore, the request for Lumbar epidural steroid injection left L3-L4 is Not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Medical records document that the patient has been prescribed Soma long-term, which is not recommended by MTUS guidelines. Soma is not recommended by MTUS guidelines. Therefore, the request for Soma 350mg #90 is Not medically necessary.

Klonopin 0.5mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines (Anti-depressant) Muscle relaxant Page(s): 23, 24, 66, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines, Clonazepam, Alprazolam (Xanax®) Work Loss Data Institute Bibliographic Source: Work Loss Data Institute. Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. Guideline.Gov.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that Clonazepam (Klonopin) is not recommended. ODG guidelines state that benzodiazepines are

not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. Benzodiazepines are not recommended as first-line medications by ODG. Work Loss Data Institute guidelines for Pain (chronic) states that benzodiazepines for long-term use are not recommended. ODG guidelines states that (Klonopin) is not recommended. Therefore, the request for Klonopin 0.5mg #10 is Not medically necessary.

Lidoderm 5% #60: 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) Topical Analgesics Page(s): 56-57; 111-112.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidoderm 5% #60 is Not medically necessary.

Flector 1.3% Transderm 12 HR patch: 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 NSAIDs, specific drug list & adverse effects Page(s): 111-113; 70. Decision based on Non-MTUS Citation FDA Prescribing Information Flector diclofenac topical patch.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. FDA guidelines state that Flector patch is indicated for

the topical treatment of acute pain due to minor strains, sprains, and contusions. NSAIDs, including Flector Patch, can lead to new onset or worsening of pre-existing hypertension, either of which may contribute to the increased incidence of CV events. Monitor blood pressure (BP) closely during the initiation of treatment and throughout the course of therapy. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) are recommended. Patient is an injured worker with lumbosacral conditions. Date of injury was 10/08/1999. Progress report dated 06-30-2014 documented diagnoses were spondylolisthesis, displacement lumbar intervertebral disc without myelopathy, thoracic lumbosacral neuritis radiculitis. No blood pressure measurement or laboratory tests results were documented, which are recommended by MTUS and FDA guidelines. FDA guidelines state that Flector patch is indicated for acute pain due to minor conditions. The patient's date of injury was 10/08/1999. The patient's occupational injury is not acute. Medical records and MTUS and FDA guidelines do not support the use of Flector patch. Therefore, the request for Flector 1.3% Transderm 12 HR patch is Not medically necessary.

Cymbalta 30mg #60: 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 Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Patient is an injured worker with lumbosacral conditions. Date of injury was 10/08/1999. Diagnoses were spondylolisthesis, displacement lumbar intervertebral disc without myelopathy, thoracic lumbosacral neuritis radiculitis. The patient's medication regimen includes Cymbalta (Duloxetine). MTUS guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Therefore the use of Cymbalta is supported. Therefore, the request for Cymbalta 30mg #60 is Medically Necessary.