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| Case Number: | CM14-0138539 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 04/28/2000 |
| Decision Date: | 11/14/2014 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 & Rehabilitation 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 records, presented for review, indicate that this 50-year-old male was reportedly injured on April 28, 2000. The mechanism of injury was noted as a fall with impalement type event. The most recent progress note, dated July 17, 2014, indicated that there were ongoing complaints of low back pain radiating down to the back of the right leg. The pain is described as aching, shooting and spasmodic. Exacerbating factors consist of standing and walking, and relieving factors are analgesics and rest. The physical examination demonstrated a thin gentleman who smelled of tobacco. The injured employee appeared to be in moderate distress. There was tenderness to palpation of the lower lumbar spine. A diminished range of motion was noted, and straight leg raise was negative bilaterally. Diagnostic imaging studies were not reported. However it is noted in the PR-2 dated 7/17/14 that according to the injured worker MRI was done and it was determined that he had a few blown discs. Previous treatment included surgical intervention, physical therapy and multiple medications. A request had been made for lumbar MRI, Methadone 5 Mg, Norco 10/325 Mg #270 With 1 Refill, Wellbutrin Sr 150 Mg #180 With 3 Refills, Lidoderm 5% Topical Film #30 With 11 Refills, And Ambien 10 Mg #60 With 1 Refill and was not certified in the pre-authorization process on July 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: According to the CA MTUS guidelines, MRI of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the ODG, MRI is recommended in: Lumbar spine trauma with neurological deficits, or with seat belt fracture (if focal, radicular findings or other neurologic deficits); uncomplicated low back pain with suspicion of cancer, infection or other red flags; uncomplicated low back pain with radiculopathy after at least 1 month conservative therapy or sooner if severe progressive neurologic deficit; uncomplicated low back pain with prior lumbar surgery; uncomplicated low back pain with cauda equina syndrome; Myelopathy. In this case, the medical records do not document the above criteria are met. There is clinical evidence of radiculopathy, but no evidence of progressive neurological deficits. There is no documentation of at least one month conservative treatment. There is no evidence of any red flag signs or trauma. Therefore, the medical necessity of the requested service cannot be established per guidelines and due to lack of medical necessity. Therefore the request is not medically necessary.

Methadol 5mg #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91,61.

Decision rationale: As per CA MTUS guidelines, Methadone is recommended for moderate to severe pain as a second-line therapy if the potential benefit outweighs the risk. Further guidelines; "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no documentation of any significant improvement in pain level (i.e. VAS) or function with use of Methadone to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Moreover, the quantity is not specified in the request. Therefore the request is not medically necessary.

Norco 10/325mg #270 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Furthermore, conversion to long-acting opioids should be considered when continuous around the clock pain management is desired using large doses of short acting opioids such as in this case. The medical necessity for Norco 10/325mg # 270 has not been established based on guidelines and lack of documentation. The request is not medically necessary.

Wellbutrin SR 150mg #180 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

Decision rationale: Bupropion (Wellbutrin) is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. It is recommended as an option after other agents. While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. In this case, there is no evidence of depression unresponsive to first-line therapy. There is no documentation of neuropathic pain refractory to anti-epileptic agents such as Gabapentin. Therefore, the request is not considered medically necessary.

Lidoderm 5% topical film #30 with 11 refills: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Per 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. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records do not document the criteria are met. There is no evidence of post-herpetic neuralgia or diabetic neuropathy. Thus, the request is not medically necessary.

Ambien 10mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter - Zolpidem (Ambien®)

Decision rationale: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain, which has not been addressed. Additionally, it is unclear from the records how long the injured worker has been prescribed this medication, as the guidelines only recommend short-term use of 2-6 weeks. Furthermore, there is no documentation of any significant improvement in sleep with prior use. Thus, the request is not medically necessary.