

Case Number:	CM14-0144521		
Date Assigned:	09/12/2014	Date of Injury:	05/10/2007
Decision Date:	11/17/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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 Medicine and is licensed to practice in Texas. 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 59 year old female who reported an injury on May 10, 2007 to her low back radiating pain all the way to the knee. A clinical note dated July 30, 2014 indicated the injured worker utilizing Norco for pain relief and Trazodone as a sleep aid. The injured worker received poor response to Norco as it was not adequately covering the pain. Upon exam, the injured worker demonstrated 30 degrees of lumbar spine flexion, 10 degrees of extension, 10 degrees of right lateral bending with 20 degrees of left lateral bending, and 20 degrees of bilateral rotation. Decreased sensation was identified in the left L5 nerve root. The injured worker demonstrated 5/5 strength at the lower extremities. The injured worker was prescribed the use of gabapentin in addition to the Norco in order to attempt to alleviate the pain. The injured worker utilized Lidoderm patches. A clinical note dated July 10, 2014 indicated the injured worker continuing with ongoing low back pain radiating to the right lower extremity. No significant changes were identified with the clinical presentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: There should be an indication the injured worker is demonstrating a significant objective functional improvement with the use of this medication. No documentation was submitted regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Trazodone 50mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Trazadone is recommended for injured workers who have been diagnosed with findings consistent with insomnia with coexisting mild psychiatric symptoms including depression or anxiety. No information was submitted regarding findings consistent with depressive or anxiety issues. Therefore, the continued use of this medication is not indicated.

Flexeril 10mg #30 with 2 Refills: Upheld

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

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

Decision rationale: Muscle relaxants are recommended as a second-line option for short-term treatment of acute low back pain and for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

Lidoderm patch 5% #30 with 2 refils: Upheld

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

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

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. No information was submitted regarding a previous trial of appropriate medications. Therefore, this request is not medically necessary.

Gabapentin 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. No information was submitted regarding the injured worker's positive response of this medication to include an objective functional improvement. As such, the request for Gabapentin cannot be recommended as medically necessary.