

Case Number:	CM14-0150988		
Date Assigned:	10/23/2014	Date of Injury:	11/13/2000
Decision Date:	11/20/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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, has a subspecialty in Interventional Spine 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 patient is a 64-year-old male with an injury date of 11/13/00. Based on the 08/22/14 progress report provided by the treater, the patient complains low back pain rated 6/10 and right knee pain rated 2-3/10 with medications. The patient has noted marked benefit with the radiofrequency (RF) procedure and medications and he has had almost 100% resolution of his symptoms with both together. Per treater report dated 07/21/14, patient is active with participation in routine activities of daily living (ADL's) and has increased his functional capacity substantially, though he has difficulty walking. Lumbosacral physical exam revealed no pain on valsalva, pain to palpation over the L3 to S1 facet capsules right and pain with rotational extension, indicative of facet capsular tears, right. Treater states patient has met the 4A's. Per progress report 06/13/14, Cymbalta is requested to minimize the extent of withdrawal that occurs for the patient. Urine drug test dated 04/04/14 showed findings to be consistent. His current medications include Prilosec, Norco, Lidoderm patch, Cymbalta and Ibuprofen per 08/22/14 treater report. Medication regimen has not changed at least since progress report dated 12/06/13. Progress report dated 09/09/12 shows Prilosec, Norco, Cymbalta and Ibuprofen in patient's medication history. Patient is permanent and stationary. Assessment plan 08/22/14:- status post left foot operation- status post right knee surgery- post-traumatic right elbow problems with advanced arthritis- right knee shows partial medial meniscectomy, degenerative changes of the knee with grade 3 chondromalacia of medial tibial femoral joint, per MRI 05/05/08.- lower back pain- right calf injury- chronic low back pain facet mediated, status post radiofrequency neurotomy, December 2007- status post high tibial ostomy right knee, painful right they are secondary to degenerative arthritis- status post RF neurolysis of the medial branch nerves at right L5, L4, L3 and L2 under fluoroscopy with substantial benefit. His pain decreased 70 to 80% with

marked increase in functional capacity, 04/12/12 and 01/23/13. Operative report 06/04/14: Diagnosis: lumbosacral spondylosis without myelopathy- status post RF neurolysis of the medial branch nerves at right L5, L4, and L3 under fluoroscopy. The utilization review determination being challenged is dated 09/11/14. The rationale follows: 1) Lidoderm patch 5%, # 60 with one refill (one patch, 12 hours on 12 hours off): "certified with modification #30" 2) Cymbalta 60mg #30 (1 time daily): "prior use of Cymbalta failed to provide evidence of improvement.." 3) Prilosec 20mg #30 with 3 refills (1 time daily): "certified with modification 1 refill" 4) Norco 10/325mg #120 (1 every 4 hours): "certified with modification #48."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The patient presents with chronic low back pain rated 6/10 and right knee pain rated 2-3/10 with medications. The request is for Lidoderm patch 5%, # 60 with one refill (one patch, 12 hours on 12 hours off). Patient has a diagnosis of lumbosacral spondylosis without myelopathy. He is status post RF neurolysis of the medial branch nerves at right L5, L4, and L3, per operative report 06/04/14. MTUS guidelines page 57 states, "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)." Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. Per treater report dated 08/22/14, the patient has noted marked benefit with the RF procedure and medications. He has had almost 100% resolution of his symptoms with both together. Review of medical records from 09/09/12 to 08/22/14 indicates that patient has been prescribed Lidoderm at least from 12/06/13. Subsequent progress reports do not document how Lidoderm has been helpful. Furthermore, treater has not documented that patient's pain is of neuropathic etiology. Request is not in line with MTUS indication; therefore, the request is not medically necessary and appropriate.

Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 16-17.

Decision rationale: The patient presents with chronic low back pain rated 6/10 and right knee pain rated 2-3/10 with medications. The request is for Cymbalta 60mg #30 (1 time daily). Patient has a diagnosis of lumbosacral spondylosis without myelopathy. He is status post RF neurolysis of the medial branch nerves at right L5, L4, and L3, per operative report 06/04/14. Progress report 06/13/14 states Cymbalta is requested to minimize the extent of withdrawal that occurs for the patient. For Cymbalta, the MTUS guidelines pages 16 and 17 state, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." MTUS page 60 also states, "A record of pain and function with the medication should be recorded." Per treater report dated 08/22/14, the patient has noted marked benefit with the RF procedure and medications. He has had almost 100% resolution of his symptoms with both together. Review of medical records from 09/09/12 to 08/22/14 indicates that patient has been prescribed Cymbalta at least from 09/09/12. Subsequent progress reports do not document how Cymbalta has been helpful. Furthermore, treater has not documented pain presented by patient to be neuropathic, and there is no documentation of anxiety, depression or fibromyalgia for which Cymbalta may be indicated. Most importantly, the treater does not provide documentation of this medication's efficacy in terms of pain and function. On page 60, MTUS require recording of pain and function when medications are used for chronic pain. Request is not in line with MTUS indication; therefore, the request is not medically necessary and appropriate.

Prilosec 20mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with chronic low back pain rated 6/10 and right knee pain rated 2-3/10 with medications. The request is for Prilosec 20mg #30 with 3 refills (1 time daily). Patient has a diagnosis of lumbosacral spondylosis without myelopathy. He is status post RF neurolysis of the medial branch nerves at right L5, L4, and L3, per operative report 06/04/14. Regarding non-steroidal anti-inflammatory drugs (NSAIDs) and gastrointestinal (GI)/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk, : Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per treater report dated 08/22/14, the patient has noted marked benefit with the RF procedure and medications. He has had almost 100% resolution of his symptoms with both together. Review of medical records from 09/09/12 to 08/22/14 indicates that patient has been prescribed Prilosec and Ibuprofen at least from 09/09/12. Subsequent progress reports do not document how Prilosec and Ibuprofen have been helpful. In this case, treater does not indicate why the patient needs to continue with Prilosec when it's been almost 2 years, and he did not provide any GI assessment

to determine whether or not the patient needs to be on a proton pump inhibitor (PPI). Given the lack of documentation of continued need for this medication, the request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89, 78.

Decision rationale: The patient presents with chronic low back pain rated 6/10 and right knee pain rated 2-3/10 with medications. The request is for Norco 10/325mg #120 (1 every 4 hours). Patient has a diagnosis of lumbosacral spondylosis without myelopathy. He is status post RF neurolysis of the medial branch nerves at right L5, L4, and L3, per operative report 06/04/14. Per treater report dated 08/22/14, the patient has noted marked benefit with the RF procedure and medications. He has had almost 100% resolution of his symptoms with both together. Per treater report dated 07/21/14, patient is active with participation in routine ADL's and has increased his functional capacity substantially, though he has difficulty walking. Review of medical records from 09/09/12 to 08/22/14 indicates that patient has been prescribed Norco at least from 09/09/12. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater states in progress report dated 08/22/14 that patient has met the 4A's, and urine drug test dated 04/04/14 showed findings to be consistent. However, in review of medical records, the four A's are not specifically addressed including discussions regarding adverse side effects and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.