

Case Number:	CM14-0151667		
Date Assigned:	09/19/2014	Date of Injury:	05/04/1997
Decision Date:	10/21/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/17/2014

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 67 year old female with an injury date of 05/04/97. Based on the 06/19/14 progress report provided by [REDACTED], the patient complains of chronic right low back pain. She rates her worst pain 7/10, least pain 5/10 and usual pain 5/10. Examination to the lumbar spine reveals tenderness over right lower lumbar facets. Range of motion is restricted and painful on extension to the right. Straight leg raise is positive bilaterally. She has no radicular signs and symptoms. She benefited greatly from RF ablation on left side at L3,4,5 following diagnostic facet nerve blocks and failure to respond to physical therapy, acupuncture and NSAIDs. She uses a TENS and has been taking Oxycodone. She is compliant with narcotic pain management program and medications are helping patient stay active. Treater discussed the 4A's with patient on 06/19/14. Per 08/13/14 progress report provided by Phillip Jacobs, NP, the patient states that current medication use is stable and adequate in providing good pain relief. Medications increase her functionality and improve her quality of life by doing household work and maintaining activities of daily living. She states no recreational drug use. Patient is retired and disabled. Current medications include: Fentanyl patch, Tegaderm, Oxycodone, Methocarbamol, Trazodone HCl, Cymbalta, BuPropion, Lidoderm patch, Qvar, Spiriva, and Xopenex. Diagnosis 06/19/14:- lumbosacral spondylosis without myelopathy- chronic pain syndrome- disc displacement with radiculitis - lumbar- adjustment disorder with mixed anxiety and depressed mood- lateral epicondylitis of elbow- insomnia, unspecified [REDACTED], is requesting: 1) Lidoderm patch 5%, #302) Fentanyl patch 75 mcg/hr, #753) Methocarbamol 750 mg, #30 The utilization review determination being challenged is dated 08/25/14. The rationale follows: 1) Lidoderm patch 5%, #30: "patient did not have post-herpetic neuralgia." 2) Fentanyl patch 75 mcg/hr, #75: "pain was worse and functionality the same, therefore not medically

appropriate."3) Methocarbamol 750 mg, #30: "patient did not have acute exacerbation of chronic low back pain." [REDACTED] is the requesting provider, and he provided treatment reports from 03/04/14 - 08/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Lidoderm patch 5%, #30: 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 MTUS , Lidocaine Page(s): 112.

Decision rationale: The patient complains of chronic right low back pain. The request is for Lidoderm patch 5%, #30. Per progress report dated 06/19/14, medications are helping patient stay active. Diagnosis dated 06/19/14 includes lumbosacral spondylosis without myelopathy, chronic pain syndrome and lumbar disc displacement with radiculitis. She benefited greatly from RF ablation on left side at L3,4,5 following diagnostic facet nerve blocks and failure to respond to physical therapy, acupuncture and NSAIDs. California Medical Treatment Utilization Schedule (MTUS) Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading Official Disability Guidelines (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." Examination to the lumbar spine on 06/19/14 reveals tenderness over right lower lumbar facets and no radicular signs and symptoms. However, treater has not documented localized pain presented by patient to be of neuropathic etiology. Request is not inline with MTUS indication. Treatment is not medically necessary and appropriate.

Prescription of Fentanyl patch 75mcg/hr, #15: Overturned

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 .Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: The patient complains of chronic right low back pain. The request is for Fentanyl patch 75 mcg/hr, #75. Per progress report dated 06/19/14, patient is compliant with narcotic pain management program and medications are helping patient stay active. Diagnosis dated 06/19/14 includes lumbosacral spondylosis without myelopathy, chronic pain syndrome and lumbar disc displacement with radiculitis. California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 88-89 states, "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. Per progress report dated 08/14/13, the patient states that current medication use is stable and adequate in providing good pain relief. Medications increase her functionality and improve her quality of life by doing household work and maintaining activities of daily living. She states no recreational drug use. Treater has addressed the 4As, however it is not clear whether patient improved due to lumbar epidural steroid injection or medications prescribed. Given adequate documentation and proper opiate management, treatment is medically necessary and appropriate.

Prescription of Methocarbamol 750mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): MTUS p63.

Decision rationale: The patient complains of chronic right low back pain. The request is for Methocarbamol 750 mg, #30. Per progress report dated 06/19/14 medications are helping patient stay active. Diagnosis dated 06/19/14 includes lumbosacral spondylosis without myelopathy, chronic pain syndrome and lumbar disc displacement with radiculitis. She benefited greatly from RF ablation on left side at L3,4,5 following diagnostic facet nerve blocks and failure to respond to physical therapy, acupuncture and NSAIDs. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Per guideline, duration of use should be short-term. Also, requested medication is listed as one with the least published evidence of clinical effectiveness. Treatment is not medically necessary and appropriate.