MAXIMUS Federal Services

Case Number:	CM14-0176660		
Date Assigned:	10/29/2014	Date of Injury:	12/13/2010
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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 Anesthesiologist & Pain Medicine and is licensed to practice in Florida. 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 56-year-old male who reported an injury when he fell on his right knee while he was stepping down from his truck and then grabbed his truck in an attempt to stop his fall on 12/13/2010. On 07/25/2014, his diagnoses included multilevel degenerative disc disease of the lumbar spine, annular tear L2-3, multilevel HNP of the lumbar spine with stenosis, lumbar radiculopathy, bilateral shoulder impingement and bursitis, left knee surgery in 2011, bilateral knee chondromalacia patella, HNP of the thoracic spine with stenosis multilevel, chronic neck pain and facetogenic back pain L4-5 and L5-S1. His complaints included neck pain radiating down both arms with occasional numbness in all digits. He described his lower back pain as shooting and radiating down both lower extremities, worse in the left leg. He rated his pain 10/10 without medications and 8.5/10 with medications. He also reported that his left knee was giving out fairly frequently. His pain interfered with his sleep. His treatment history included epidural injections of his lumbar spine, which gave him mild relief, 25 visits of chiropractic treatment which decreased his pain slightly, 18 visits of acupuncture which decreased his pain temporarily and on 07/11/2014 a medial branch block at L4-5 and L5-S1 providing 50% alleviation of pain lasting only 3 hours with symptoms returning to prior levels. On 09/16/2014, his medications included Norco 10/325 mg for pain, Flexeril 10 mg for spasm and Lidoderm 5% patches with no rationale given. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg quantity 120 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. In most cases analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants or quantified efficacy. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg quantity 120 is not medically necessary.

Flexeril 20 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 10/02/2014, Non-Sedating Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for Flexeril 20 mg quantity 30 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases they show no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications may lead to dependence. Flexeril is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation revealed that this injured worker has been using Flexeril since 07/21/2014, which exceeds the recommendations in the guidelines. Additionally, his original dose of Flexeril was 7.5 mg, which was increased to 10 mg, and in this request is being increased again to 20 mg, which indicates possible dependence on this medication and concomitant lack of efficacy. Furthermore, there is no frequency included with this request. Therefore, this request for Flexeril 20 mg quantity 30 is not medically necessary.

Lidoderm 5%, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Lidoderm 5% quantity 60 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of failed trials of first line therapy which include tricyclic or SNRI antidepressants or an antiepileptic drug such as gabapentin or Lyrica. The only form of FDA approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There was no evidence in the submitted documents that this injured worker had failed trials of antidepressants or antiepileptics. He does not have a diagnosis of postherpetic neuralgia. Additionally, the request did not specify the transdermal patch form of lidocaine. Furthermore, there was no frequency of application specified. Therefore, this request for Lidoderm 5% quantity 60 is not medically necessary.

Confirmatory MBB (Medial Branch Block) of bilateral L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary, last updated 07/03/2014, Diagnostic Facet Joint Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation fficial Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections) and radiofrequency ablations.

Decision rationale: The request for confirmatory MBB (medial branch block) of bilateral L4-5 and L5-S1 is not medically necessary. The California ACOEM Guidelines recommend that invasive techniques, such as local injections and facet joint injections are of questionable merit. Although epidural steroid injections may afford short term improvements, medial branch blocks offer no significant long term functional benefit, nor do they reduce the need for surgery. The Official Disability Guidelines do not recommend facet medial branch blocks except as a diagnostic tool, stating that no more than 1 set of medial branch diagnostic blocks be performed prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Among the criteria for use of a diagnostic blocks for facet mediated pain is that a response of equal to or greater than 70% pain relief should last at least 2 hours and that medial branch blocks should be limited to patients with low back pain that is non-radicular. The previous medial branch block received on 07/11/2014 only gave this injured worker a 50% decrease in pain, which lasted for 3 hours, which is insufficient to justify a neurotomy. This injured worker has radicular pain symptoms

and a diagnosis of lumbar radiculopathy. A second set of MBB exceeds the recommendations in the guidelines. The clinical information submitted failed to meet the evidence based guidelines for medial branch blocks. Therefore, this request for confirmatory MBB (medial branch block) of bilateral L4-5 and L5-S1 is not medically necessary.