

Case Number:	CM14-0178329		
Date Assigned:	10/31/2014	Date of Injury:	01/17/2011
Decision Date:	12/08/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/27/2014

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 American Board of Internal Medicine 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 injured worker (IW) is a 33-year-old woman with a date of injury of January 17, 2011. The mechanism of injury occurred when the IW was asked to move a heavy ashtray. MRI of the lumbar spine dated August 1, 2012 documented minimal degenerative changes without significant foramina or canal narrowing. MRI of the cervical spine dated November 15, 2012 documented levocurvature of the upper thoracic spine. There are minimal degenerative changes of the cervical spine. Neural foraminal and central canal are patent without nerve root impingement. Pursuant to the progress note dated September 26, 2014, the IW complained of low back pain. The pain was cramping, penetrating, pulsing, throbbing, shooting, pricking, radiating, tender, burning, unbearable, hot, tingling, sore, aching, and numb. It was localized to the left side of the neck into left trapezius and also in her left lower lumbar spine. There was numbness and tingling in her left arm and leg. The pain was worse with prolonged standing, sitting, and driving. It affected her mood, work, and appetite. The pain level was 6/10. On examination, there were muscle spasms on the left trapezius. There was tightness to palpation and tenderness to palpation of the cervical facet joints. Examination of the lumbar spine revealed flexion was 50 degrees with tenderness, extension 5 degrees with tenderness, right rotation 25 degrees with tenderness, and left rotation 25 degrees with tenderness and positive facet loading. Palpation revealed tenderness over taut bands in the bilateral erector spinae and tenderness over the lumbar facet joints bilaterally. Seated root test was negative bilaterally. The IW was diagnosed with muscle spasms primary), lumbago, cervicgia, facet arthropathy and syndrome, radiculopathy (left leg and arm), sacroilitis, headache, neuralgia and neuritis, and constipation not elsewhere classified. The provider is recommending Duexis 26.6-800mg, Lidoderm 5percent patch, Robaxin 500mg, and Tylenol #3. Norco was discontinued due to nausea. According to the

documentation in the medical records, the IW has been on the above aforementioned medications since at least April of 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Film 5 percent, 1 Patch Twice Daily, 30 days #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm film 5percent, one patch bid. 30 day supply #60 with two refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support use of many of these agents. Topical Lidocaine may be recommended for localized peripheral pain after evidence of a trial of first-line therapy tricyclic's or an AED such as gabapentin. In this case, the injured worker was being treated for low back pain, neck pain that radiated to the upper back. There was numbness and tingling in the left arm and leg. The guidelines indicate these agents are largely experimental with few controlled trials to determine efficacy and safety. There is also little to do research to support use of many of these agents. Additionally, follow-up should include objective functional improvement. The request was for a one-month supply with two refills, approximately 3 months. Consequently, Lidoderm film 5percent one patch bid, 30-day supply # 60 with two refills is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Lidoderm film 5percent one patch bid 30 day supply #60 is not medically necessary.

Robaxin 500 mg, 2 Tablets by Mouth Twice Daily, 30 days #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin 500 mg two tablets by mouth twice daily, 30 days #120 with two refills. Robaxin is a muscle relaxant. The guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations of patients with chronic low back

pain. In this case, the treating physician requested Robaxin #120 with two refills. This frequency and quantity exceed the guidelines noted in the ODG for short term use. Consequently, Robaxin 500 mg two tablets by mouth twice daily #120, is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Robaxin 500 mg two tablets by mouth twice daily #120 is not meant necessary.

Duexis 26.6 mg/800 mg, 1 Tablet by Mouth Three Times a Day, 30 days #90 with 2 refills:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, GI Effects Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI, GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duexis 26.6/800 mg one tablet by Mouth Three Times a Day 30 days #90 with two refills is not medically necessary. Duexis is a combination of ibuprofen and famotidine. Ibuprofen is a non-steroidal anti-inflammatory drug and famotidine is a proton pump inhibitor. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Famotidine, a proton pump inhibitor, is indicated in patients who are at risk for certain gastrointestinal events. These risks include, but not limited to, age greater than 65 years; history of peptic ulcer disease, G.I. bleeding or perforation; concurrent use of aspirin, steroids and or anticoagulants; and or high-dose or multiple non-steroidal anti-inflammatory drug use. In this case, the medical record does not indicate the injured worker had a history of gastrointestinal medical issues. Specifically there was no history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or steroids or multiple non-steroidal anti-inflammatory drug use. Additionally, the request was for a one month supply with two refills with no examination follow-up to determine objective functional improvement. Consequently, Duexis is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Duexis 26.6/800 mg one tablet by Mouth Three Times a Day 30 days #90 with two refills is not medically necessary.