

Case Number:	CM14-0184208		
Date Assigned:	11/12/2014	Date of Injury:	06/16/2013
Decision Date:	12/30/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine and Rehabilitation 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 60 year old male with an injury date of 06/16/14. Based on the 10/21/14 progress report provided by treating physician, the patient complains of low back pain rated 8-10/10 that radiates to the bilateral lower extremities. Physical examination to the lumbar spine revealed stiffness and spasms noted at low back. Radiation of pain follows L5 distribution bilaterally with weakness in both legs. Patient's medications decrease his pain by >50% and allow him to maintain current level of function which includes ADL's and HEP. Patient notes worsening radiculopathic symptoms with full time work. Patient is working full time as a cook with prolonged standing, and has been relying more on medications. Patient uses medications appropriately and reports no adverse effects. Patient reports no substance abuse. Regarding opiate therapy, treater states that "there have been no issues of misuse or diversion of the medication." Per QME report dated 07/29/14, patient states "he needs to work in order to support his family..." Norco, Cyclobenzaprine, Etodolac, Lidoderm and Metformin (controlled diabetes) were included in patient prescriptions per progress reports dated 06/17/14 and 10/21/14. Norco and Etodolac were prescribed in treater report dated 05/19/14. EMG/NCS of lower extremities, per treater report dated 10/21/14, left side nerve root involvement at L4/5 and S1, Right side at L4/5. Diagnosis/Chief Complaints 10/21/14, Hip pain, Bilateral, Knee pain, Bilateral, Ankle pain, Bilateral, Degeneration of lumbar intervertebral disc, Degeneration of lumbosacral intervertebral disc, Low back pain. Diagnosis 10/22/14 per Request for Authorization form- lumbar radiculopathy. The utilization review determination being challenged is dated 10/29/14. The rationale follows: 1) Cyclobenzaprine 10mg 1tab Everyday Po For 30 Days #30, No Refills: "no rationale" 2) Lidoderm 5% (700mcg/Patch) Apply Patch Once Daily #30 With 0 Refills "no rationale." 3) Norco 10-325mg 1tab Every 3-4 Hours Po As Needed For 30 Days #60 With 0 Refills: "no pain contract, pill count, behavioral evaluation, CURES report, or urine drug screen

submitted for review to indicate lack of drug misuse/abuse."4) Etodolac 400mg 1tab Twice Daily Po As Needed For 30 Days #60 With 1 Refill: " lack of liver and renal function tests."Treatment reports were provided from 05/19/14 - 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg 1 tab every day PO for 30 days #30, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The patient presents with low back pain rated 8-10/10 that radiates to the bilateral lower extremities. The request is for CYCLOBENZAPRINE 10MG 1TAB EVERYDAY PO FOR 30 DAYS #30, NO REFILLS. Patient's diagnosis dated 10/21/14 included degeneration of lumbar and lumbosacral intervertebral discs, bilateral hip, knee, and ankle pain. EMG/NCS of lower extremities, revealed left side nerve root involvement at L4/5 and S1 and right side at L4/5. Patient's medications decrease his pain by >50% and allow him to maintain current level of function which includes ADL's and HEP. Patient notes worsening radiculopathic symptoms with full time work. Patient is working full time as a cook with prolonged standing, and has been relying more on medications.MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Cyclobenzaprine was included in patient prescriptions per progress reports dated 06/17/14 and 10/21/14. Furthermore, current request is for quantity 30. Recommendation is for denial.

Lidoderm 5% (700mcg/patch) apply 1 patch once daily #30 with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches; topical creams; Topical Analgesics Page(s): 56,57,111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches

Decision rationale: The patient presents with low back pain rated 8-10/10 that radiates to the bilateral lower extremities. The request is for LIDODERM 5% (700MCG/PATCH) APPLY PATCH ONCE DAILY #30 WITH 0 REFILLS. Patient's diagnosis dated 10/21/14 included

degeneration of lumbar and lumbosacral intervertebral discs, bilateral hip, knee, and ankle pain. EMG/NCS of lower extremities, revealed left side nerve root involvement at L4/5 and S1 and right side at L4/5. Norco, Cyclobenzaprine, Etodolac, Lidoderm and Metformin (controlled diabetes) were included in patient prescriptions per progress reports dated 06/17/14 and 10/21/14. Patient's medications decrease his pain by >50% and allow him to maintain current level of function which includes ADL's and HEP. Patient notes worsening radiculopathic symptoms with full time work. Patient is working full time as a cook with prolonged standing, and has been relying more on medications. 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)." MTUS 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 documenting pain and function. In this case, the patient presents with peripheral pain in the knee and ankle, and patient has controlled diabetes. Lidoderm patch would appear to be indicated, however treater did not document use to be for localized neuropathic pain. The diagnosis submitted with Request for Authorization form dated 10/22/14 was lumbar radiculopathy. Recommendation is for denial.

Norco 10-325mg 1 tab every 3-4 hours PO as needed for 30 days #60 with 0 refills:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78;88-89.

Decision rationale: The patient presents with low back pain rated 8-10/10 that radiates to the bilateral lower extremities. The request is for NORCO 10-325MG 1TAB EVERY 3-4 HOURS PO AS NEEDED FOR 30 DAYS #60 WITH 0 REFILLS. Patient's diagnosis dated 10/21/14 included degeneration of lumbar and lumbosacral intervertebral discs, bilateral hip, knee, and ankle pain. EMG/NCS of lower extremities, revealed left side nerve root involvement at L4/5 and S1 and right side at L4/5. Norco was included in patient prescriptions per progress reports dated 05/19/14 and 10/21/14. MTUS Guidelines pages 88 and 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. UR letter dated 10/29/14 states "no pain contract, pill count, behavioral evaluation, CURES report, or urine drug screen submitted for review to indicate lack of drug misuse/abuse." However, per progress report dated 10/21/14, treater states that patient uses medications appropriately and reports no adverse effects. Patient reports no substance abuse. Regarding opiate therapy, treater states that "there have been no issues of misuse or diversion of the medication." Per QME report dated 07/29/14,

patient states "he needs to work in order to support his family..." Patient's medications decrease his pain by >50% and allow him to maintain current level of function which includes ADL's and HEP. Patient notes worsening radiculopathic symptoms with full time work. Patient is working full time as a cook with prolonged standing, and has been relying more on medications. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Recommendation is for authorization.

Etodolac 400mg 1 tab twice daily PO as needed for 30 days #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 22,60,61.

Decision rationale: The patient presents with low back pain rated 8-10/10 that radiates to the bilateral lower extremities. The request is for ETODOLAC 400MG 1TAB TWICE DAILY PO AS NEEDED FOR 30 DAYS #60 WITH 1 REFILL. Patient's diagnosis dated 10/21/14 included degeneration of lumbar and lumbosacral intervertebral discs, bilateral hip, knee, and ankle pain. EMG/NCS of lower extremities, revealed left side nerve root involvement at L4/5 and S1 and right side at L4/5. Patient notes worsening radiculopathic symptoms with full time work. Etodolac was included in patient prescriptions per progress reports dated 05/19/14 and 10/21/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. UR letter dated 10/29/14 states "...lack of liver and renal function tests." Per treater report dated 10/21/14, patient uses medications appropriately and reports no adverse effects. Patient's medications decrease his pain by >50% and allow him to maintain current level of function which includes ADL's and HEP. Patient is working full time as a cook with prolonged standing, and has been relying more on medications. The request meets MTUS indication. Recommendation is for authorization.