

Case Number:	CM14-0022188		
Date Assigned:	05/09/2014	Date of Injury:	01/30/2007
Decision Date:	07/10/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 patient is a 41 year old female who was injured on January 30, 2007. The mechanism of injury is unknown. Prior treatment history has included Norco, Nortriptyline, Senokot-S, Lyrica, Ranitidine, Robaxin, Voltaren, and Lidoderm patch. The patient underwent an epidural steroid injection in February 2013 and disc replacement at L4-L5 in August 2011. A progress evaluation note dated February 6, 2014 states the patient reports her medications are helping. She is taking Vicodin 5/500, Nortriptyline 50 mg, Senokot S, Ranitidine, Robaxin, Voltaren gel, and Lidoderm patch. She states her pain has significantly decreased with the medications and the time off work. She has difficulty taking the medications during work activities due to the side effects, which does not cause most of her problems, at the end of a long day she uses heat and home transcutaneous electrical nerve stimulation (TENS) unit which significantly decreased her pain. She continues to have constipation from the medication; however, with the addition of Senokot and Chia seeds, she has become much more regular and has relieved some of the discomfort associated with the constipation. She reports she is sleeping at night. She continues to take Norco medication at the nighttime hours, which helps. On exam, there is no evidence of medication-induced somnolence. There is significant tenderness in the paraspinal musculature and taut muscle bands; however, it is much better than has been in the last one-month period of time. There is no noted muscle spasm at this time. The range of motion remains limited and apprehensive to perform due to causing flare-up of her symptoms following the exam therefore no further examination was performed. The patient is diagnosed with chronic low back pain with radiation into the left lower extremity; status post L4-L5 artificial disc replacement on August 3, 2011; lumbar myofasciitis and history of lumbar radiculopathy. The treatment and plan include Norco 5/325, Nortriptyline 50 mg, Senokot-S #60, Lyrica 75 mg, Ranitidine 150 mg, Robaxin 750 mg, Voltaren gel, and Lidoderm patch. The UR dated February 19, 2014 states the request

for Robaxin 750 mg, ranitidine 150 mg, Voltaren Gel and Lidoderm patch are non-certified as there is no documented evidence to support medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANITIDINE 150MG, #30: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS guidelines, proton pump inhibitors (PPI), such as Omeprazole, are recommended for patients at risk for gastrointestinal events. Determining factors are 1) age over 65 years, 2) history of peptic ulcer, (gastrointestinal) GI bleeding or perforation, 3) concurrent use of ASA, corticosteroids, and/or an anticoagulants, or 4) high dose/multiple non-steroidal anti-inflammatory drug (NSAID) (e.g., NSAID + low-dose ASA). The medical records do not establish any of these risk factors are present in the case of this patient. The medical records do not establish this patient is at notable risk for GI events. Furthermore, if at risk, a PPI would be recommended. All other agents should be considered second-line therapy. There is no documented complaint of GI distress. Therefore the request for Ranitidine 150mg, #30 is not medically necessary.

ROBAXIN 750MG, #30: 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 (for pain) Page(s): 63.

Decision rationale: The California MTUS guidelines 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. According to the PR-2 dated February 6, 2014 the patient stated that due to medications and time off work, her pain had significantly decreased, and she had been able to return to work. The medical records do not demonstrate the presence of muscle spasm on examination and do not document subjective complaints and examination findings that correlate to the existence of an acute exacerbation of the patient's chronic low back condition. Therefore the request for Robaxin 750 mg #30 is not medically necessary.

VOLTAREN GEL: 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: According to the California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines further state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine. Studies indicate that in treatment of osteoarthritic pain, topical NSAIDs have not been shown to be effective after the first 2 weeks of use. Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). This topical analgesic is not indicated for treatment of the joints of the spine. Furthermore, the medical records do not establish failure of the patient to respond to standard oral medications. No exceptional factors are presented to be considered as an outlier to the guidelines. Therefore the request for Voltaren Gel is not medically necessary.

LIDODERM PATCH #30: 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 (lidocaine patch) Page(s): 56.

Decision rationale: The California MTUS guidelines state topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-Norepinephrine Reuptake Inhibitor anti-depressants or an antiepileptic drugs such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records do not establish this patient has an active neuropathy. The medical records do not reveal any current subjective and objective findings, or corroborative electrodiagnostic evidence of a neuropathic pain condition, such as post-herpetic neuralgia. In addition, the patient continues Nortriptyline and Norco (or Vicodin) with reported benefit, as well as uses heat and TENS unit, which she claims significantly decreases her pain. Therefore the request for Lidoderm Patch #30 is not medically necessary.