

<b>Case Number:</b>	CM14-0024301		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/12/2006
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 & 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 55 year old male with date of injury 1/12/06 that occurred when he was pinned between 2 pallet lift gates and a long history of picking up boxes. The treating physician report dated 12/10/13 indicates that the patient presents with pain affecting the lumbar spine and left lower extremity. The pain is partially relieved by the use of analgesic medications. The physical examination findings state that the patient's gait and movements are within baseline for their level of function a more extensive exam is not documented. Prior treatment history includes physical therapy, medication management and lumbar surgery of unknown date. The patient is currently totally disabled. The current diagnoses are: 1.Post Laminectomy Syndrome Lumbar2.Spasm of muscle3.Depressive disorder4.Dyspepsia5.Myalgia and sleep disorderThe utilization review report dated 12/27/13 denied the request for Lidocaine ointment, Robaxin, Etodolac and Oxycodone based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% ointment #100 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 Page(s): 111.

**Decision rationale:** This patient presents with chronic lower back pain and left lower extremity pain following lumbar surgery of unknown date. The current request is for Lidocaine 5% ointment #100 with 2 refills. The treating physician report dated 12/10/13 states, " Lidocaine 5% Ointment SIG: Apply tid as directed." The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Per MTUS guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. The request is not medically necessary.

**Robaxin 750mg #60 with 2 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 Page(s): 63.

**Decision rationale:** This patient presents with chronic lower back pain and left lower extremity pain following lumbar surgery of unknown date. The current request is for Robaxin 750mg #60 with 2 refills. The treating physician has been prescribing this medication since at least 8/30/13 and there is no documentation in the treating physician report indicating that an acute flare-up has occurred. MTUS page 63 states the following about muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case the treating physician has prescribed this medication for long term usage which is not supported by MTUS. The request is not medically necessary.

**Etodolac 400mg #60 with 2 refills:** Overturned

**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 Page(s): 22.

**Decision rationale:** This patient presents with chronic lower back pain and left lower extremity pain following lumbar surgery of unknown date. The current request is for Etodolac 400mg #60 with 2 refills. The treating physician has been prescribing Etodolac since at least 8/30/13 and states that the medication helps the patient decrease pain levels and improves his functional ability to perform ADLs. The MTUS Guidelines page 22 supports the use of NSAID as a first-line of treatment for chronic LBP. MTUS page 60 requires recording of pain assessment, functional changes when medications are used for chronic pain. In this case the treating physician has documented improvements with NSAID usage. The request is medically necessary.

**Oxycodone HCL 30 mg #180 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74,96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** This patient presents with chronic lower back pain and left lower extremity pain following lumbar surgery of unknown date. The current request is for Oxycodone HCL 30 mg #180 with 2 refills. MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates the patient has been utilizing this medication since at least 8/30/13. In this case the treating physician has reported in the 12/10/13 report that the patient has decreased pain with medication usage that is "appreciably lessened" by the current medications. There is documentation that the patient is better able to perform ADLs and the physician notes that there are no adverse effects, the patient is not overly medicated and there is no adverse behaviors noted. The 9/17/13 report states that the urine drug screening was consistent with his medications. The treating physician in this case has provided the appropriate documentation as required by MTUS for the continued usage of opiates. The request is medically necessary.