

Case Number:	CM14-0026939		
Date Assigned:	06/13/2014	Date of Injury:	06/02/2011
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/03/2014

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 Illinois. 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 54-year-old female who reported an injury on 06/02/2011. The mechanism of injury was a fall. Her current diagnoses include lumbar facet osteoarthritis, degenerative disc disease, chronic low back pain, lumbosacral neuritis or radiculitis, and anxiety. Her previous treatments include medication, heat, ice, and injections. Within the most recent clinical note dated 04/16/2014, the injured worker reported that she had residual soreness over her low back since the right L5-S1 radiofrequency rhizotomy was performed. She reported she had an overall 35% reduction in pain with the injection. The injured worker reported her back pain as 5-10/10. She reported she had been taking the medications very sparingly because they do not seem to help much at this time. The current medications include Norco 10/325 mg, Xanax 0.5 mg, Lidoderm patch, and Celebrex. On the physical examination the physician reported there was continued tenderness and tightness across the lumbosacral area, left more than right. Her back extension was 75% restricted, flexion 25% restricted, and the straight leg raise test and Patrick's test were negative. Her overall muscle strength was 5/5 in all muscle groups and the sensory exam was normal. The physician's treatment plan included for the injured worker to continue with the use of heat, ice, rest, and gentle stretching exercises that could be tolerated without exacerbating pain. The physician reported that the injured worker's current medication regimen and rest continued to keep pain within a manageable level allowing the injured worker to complete necessary activities of daily living. The physician also advised the injured worker to return in 1 month for continued evaluation and treatment including medication management. The current request is for Decision for Norco 10/325 mg 4 times daily as needed #120 with 3 refills qty: 480.00, decision for Celebrex 200mg daily #30 with 3 refills qty: 120.00, Decision for methocarbamol 750 mg 3 times daily #90 with 3 refills qty: 360.00, decision for Lidoderm 5% patch daily #30 with 3 refills qty: 120.00, decision for Xanax 0.5 mg twice daily as

needed #30 with 3 refills qty: 120.00; the rationale for the medications were to reduce pain, increase activity tolerance, and restoration of partial overall functioning. The Request for Authorization Form was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG 4 TIMES DAILY AS NEEDED #120 WITH 3 REFILLS QTY: 480.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88, 89, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 mg four times daily as needed #120 with 3 refills qty: 480.00. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend for ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The clinical documentation provided the injured worker reported that her back pain was 5-10/10 and she had only been taking her medications sparingly because they did not seem to help. The guidelines also indicate that when weaning opioids it should be a slow tapering process to prevent withdrawal effects. The clinical documentation provided failed to provide information of functional improvement and decreased pain to support the current request. The notes also indicated the injured worker would follow-up in 1 month. Therefore, due to the efficacy of pain relief with the medication not being provided and the rationale to indicate why a 4 month supply would be required the request is not supported. As such, the request for Norco 10/325 mg 4 times daily as needed #120 with 3 refills qty: 480.00 is not medically necessary and appropriate.

CELEBREX 200MG DAILY #30 WITH 3 REFILLS QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73, 30-31.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Celebrex Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule MTUS Guidelines for Celebrex use may be considered if the injured worker has a risk of GI complications, but not for the majority of injured workers. Generic NSAIDs and Cox-2 inhibitors have similar efficacy and risks when using for less than 3 months. The clinical documentation indicated the injured

worker had a chronic inflammatory condition; however the efficacy of the medication was not provided. The rationale was not provided to indicate why 4 months of medication would be required when the injured worker was instructed to return in 1 month for a follow-up. Therefore, due to the efficacy of the medication not being provided and the rationale for why a 4 month supply would be required the request is not supported. As such the request for Celebrex 200 mg daily #30 with 3 refills qty: 120.00 is not medically necessary and appropriate.

METHOCARBAMOL 750MG 3 TIMES DAILY #90 WITH 3 REFILLS QTY: 360.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHOCARBAMOL (ROBAXIN, RELAXIN, GENETIC AVAILABLE) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that muscle relaxants are recommended with a caution as a second-line option for short-term treatment of acute exacerbations of pain in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. The clinical documentation provided indicated the injured worker continued to have chronic low back pain; however, a physical examination was not provided to indicate the efficacy. The clinical notes also indicated the injured worker would follow-up in 1 month and the rationale for 4 months of medication was not provided. Therefore, due to the efficacy of the medication not being provided and the rationale for a 4 month supply not provided the request is not supported. As such, the request for methocarbamol 750 mg 3 times daily #90 with 3 refills qty: 360.00 is not medically necessary and appropriate.

LIDODERM 5% PATCH DAILY #30 WITH 3 REFILLS QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Lidoderm Page(s): 56-57.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with tricyclics or Serotonin-norepinephrine reuptake inhibitors (SNRI) antidepressants or an antiepileptic drug, such as gabapentin or Lyrica. The guidelines also indicate that Lidoderm is only FDA-approved for postherpetic neuralgia. The clinical documentation provided failed to indicate that she had failed first line treatment and why the Lidoderm patches were requested. Also, the current request failed to indicate the body part that the patches were to be applied and the frequency the request is not supported. Therefore, the request for Lidoderm 5% patch daily #30 with 3 refills qty: 120.00 is not medically necessary and appropriate.

XANAX 0.5 MG TWICE DAILY AS NEEDED #30 WITH 3 REFILLS QTY: 120.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Benzodiazepine Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines for benzodiazepines indicate they are not recommended for longterm use because longterm efficacy is unproven and there is a risk of dependency. Most guidelines limit use to 4 weeks. The supporting documentation indicated the medication was being provided on a chronic basis. The rationale for 4 months of medication when the injured worker was returning in 1 month for active treatment was not provided. Therefore, as the guidelines indicate that Xanax is not for long term use and the rationale for a 4 month supply was not provided the request is not supported. As such, the request for Xanax 0.5 mg twice daily as needed #30 with 3 refills qty: 120.00 is not medically necessary and appropriate.