

Case Number:	CM14-0043712		
Date Assigned:	07/02/2014	Date of Injury:	05/27/2011
Decision Date:	08/01/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 injured worker is a 38-year-old female who reported an injury on 05/27/2011. The mechanism of injury was not provided within the documentation for review. The injured worker had prior treatments of physical therapy, NSAIDs, and muscle relaxants. It was noted that the treatments provided no efficacy for her symptoms. The injured worker had a clinical evaluation on 03/07/2014. The injured worker complained of chronic low back pain. The objective findings included lumbar range of motion 60 degrees flexion, 15 degrees extension, muscle spasm was noted in the lumbar paraspinals and gluteus muscles, there was guarding of the right lower extremity, and positive straight leg raise. The injured worker was noted to have a diagnosis of radiculopathy to the right L5 region and progressive radicular pain with neurologic deficit. The treatment plan included medications of Norco, Cymbalta, Lidoderm patches, Lunesta, ibuprofen, and ThermaCare. The provider's rationale for the requested medication was provided within the clinical evaluation note dated 03/07/2014. The Request for Authorization for medical treatment was not included within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, page(s) 78 Page(s): 78.

Decision rationale: The request for Norco 5/325 mg quantity 60 is non-certified. California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, clinical (physical?) and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment might be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The evaluation provided for review on 03/07/2014 does not provide an adequate pain assessment. It was not noted if the medication is providing efficacy. There is was no indication of increased function or improved quality of life. Side effects and a urine drug screen were not included in the assessment. In addition, the request for Norco does not provide a frequency. Therefore, the request for Norco 5/325 mg quantity 60 is non-certified.

Lidoderm patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline Topical Analgesics Page(s): 112.

Decision rationale: The request for Lidoderm patches quantity 30 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. According to the evaluation submitted for review dated 03/07/2014, it is not indicated that the injured worker has failed therapy of tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. The guidelines do not support use of lidocaine without a trial of tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. In addition, the request fails to provide a frequency for use of the Lidoderm patches as well as an application indicator. Therefore, the request for Lidoderm patches, quantity 30, is non-certified.

Lunesta 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health, Eszopicolone (Lunesta).

Decision rationale: The request for Lunesta 1 mg quantity 30 is non-certified. The Official Disability Guidelines do not recommend Lunesta for long term use, but recommend for short term use. This is recommended in the first 2 months of injury only and it is discouraged for use in the chronic phase. The duration of therapy recommended for within the first 2 months of injury is 3 weeks maximum. There is also concern that they may increase pain and depression over the long term. The clinical evaluation on 03/07/2014 does not indicate how long the injured worker has been using Lunesta. Lunesta is indicated for short term therapy. The injury was in 2011, thus not appropriate for treatment according to the guidelines. In addition, the request does not provide a frequency, nor does it provide a duration of Lunesta drug therapy according to the guidelines. Therefore, the request for Lunesta 1 mg quantity 30 is non-certified.

Thermacare LG/XL #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/drp/thermacare-heat-wraps.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Thermacare product information, active ingredients.

Decision rationale: The request for ThermaCare LG/XL quantity 18 is non-certified. ThermaCare's active ingredients (according to the manufacture's package insert) include iron, salt, water, and charcoal. The guidelines do not address this combination therapy. It is unclear if this provides efficacy. Side effects are not noted in the evaluation. A use and placement are not indicated within the request. Therefore, the request for ThermaCare LG/XL quantity 18 is non-certified.