

Case Number:	CM14-0047446		
Date Assigned:	08/04/2014	Date of Injury:	05/08/2006
Decision Date:	09/10/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/16/2014

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 injured worker is a 51-year-old female who reported an injury on 05/08/2006. The mechanism of injury was not provided for clinical review. The diagnoses included anxiety state, depressive disorder, and degeneration of lumbar intervertebral disc, degeneration of intervertebral disc, lumbar postlaminectomy syndrome, lumbosacral radiculitis, and fibromyositis. The previous treatments included steroid injections and medication. Within the clinical note dated 04/24/2014, it was reported the injured worker complained of pain in her feet and increased pain when she steps down. The injured worker complained of pain in both knees. On the physical examination, the provider noted the injured worker had a positive straight leg raise bilaterally and reflexes were 2+ in the knees. The medication regimen included Celebrex, cyclobenzaprine, Cymbalta, Famotidine, ferrous sulfate, Flector patch, folic acid, hydrocodone, and Neurontin. The request submitted is for hydrocodone/cyclobenzaprine, bilateral L5-S1 ESI, Neurontin, Lidoderm, and Flector patches. However, rationale was not provided for clinical review. Request for authorization was submitted but was not signed or dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg #180, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The request for Hydrocodone-Acetaminophen 10/325mg #180, 2 refills is non-certified. The injured worker complained of cramping in her feet and increased pain when she steps down hard. She complained of pain in both knees. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing the medication since at least 04/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is non-certified.

Cyclobenzaprine 5mg #90, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63, 64 Page(s): 63, 64.

Decision rationale: The request for Cyclobenzaprine 5mg #90, 2 refills is non-certified. The injured worker complained of cramping in her feet and increased pain when she steps down hard. She complained of pain in both knees. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 04/2014 which exceeds the guideline recommendations of short-term use. The request submitted failed to provide the frequency of the medication. Therefore, the request is non-certified.

Neurontin 800mg #90, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs, page(s) 18 Page(s): 18.

Decision rationale: The request for Neurontin 800mg #90, 2 refills is non-certified. The injured worker complained of cramping in her feet and increased pain when she steps down hard. She complained of pain in both knees. The California MTUS Guidelines note gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and

has been considered as a first line treatment for neuropathic pain. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of objective findings indicating significant objective findings indicating the injured worker was treated for or diagnosed with diabetic painful neuropathy or postherpetic neuralgia. Therefore, the request is non-certified.

Lidoderm 5% #60, 2 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 Topical NSAIDs, page(s) 111-112 Page(s): 111-112.

Decision rationale: The request for Lidoderm 5% #60, 2 refills is non-certified. The injured worker complained of cramping in her feet and increased pain when she steps down hard. She complained of pain in both knees. California MTUS Guidelines state topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use for 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines note Lidoderm is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is also used off label for diabetic neuropathy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since 04/2014 which exceeds the guideline recommendations of short-term use of 4 to 12 weeks. Therefore, the request is non-certified.

Flector Patches 1.3% #60, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, page(s) 111-112 Page(s): 111-112.

Decision rationale: The request for Flector Patches 1.3% #60, 2 refills is non-certified. The injured worker complained of cramping in her feet and increased pain when she steps down hard. She complained of pain in both knees. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. There is lack of documentation indicating the injured worker was treated for or diagnosed with osteoarthritis. The injured worker has been utilizing the medication since at least 04/2014 which exceeds the guideline recommendations of short-

term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is non-certified.

2 Bilateral L5-S1 Transforaminal Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI), page(s) 46 Page(s): 46.

Decision rationale: The request for 2 Bilateral L5-S1 Transforaminal Epidural Steroid Injections is non-certified. The injured worker complained of cramping in her feet and increased pain when she steps down hard. She complained of pain in both knees. The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, additionally unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 2 weeks. The current research does not support the use of a series of 3 injections either in the diagnostic or therapeutic phase. The guidelines recommend no more than 2 diagnostic epidural steroid injections. There is a lack of documentation indicating the injured worker had been unresponsive to conservative treatment, including exercise, physical methods, NSAIDs, and muscle relaxants. The injured worker had previously undergone an epidural steroid injection at L5-S1 which was not documented to have at least 50% pain relief associated with reduction of medication use for 6 to 8 weeks. There is lack of documentation indicating the injured worker had functional improvement with the prior injections. There is lack of documentation indicating significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal distribution. Therefore, the request is non-certified.