

Case Number:	CM14-0055352		
Date Assigned:	07/07/2014	Date of Injury:	09/19/2006
Decision Date:	08/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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, has a subspecialty in Pain 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 injured worker is a 55-year-old male with a reported date of injury of 09/19/2008. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post L4-5 anterior posterior decompression and fusion with instrumentation, residual low back and right radicular pain, abdominal pain, gastroesophageal reflux disease, opioid-induced constipation, depression, anxiety, and insomnia. His previous treatments were noted to include lumbar epidural steroid injections, surgery, psychology treatment, exercise, and medications. The progress note dated 03/21/2014 revealed the injured worker complained of low back pain that radiated to his right lower extremity with associated weakness. The injured worker also complained of abdominal pain and acid reflux with alternating diarrhea and constipation. The injured worker continued to report a benefit from his medication regimen, which included Norco 10/325 mg twice a day, Neurontin 400 mg 3 times a day, Zanaflex 4 mg 3 times a day, Colace 100 mg twice a day, and Lidoderm patch 5% using 1 at 12 hours and 12 hours. The physical examination revealed tenderness to the midline lumbar spine from L5-S1 and tenderness and moderate spasms noted in the bilateral paralumbar musculature greater on the right side. The lumbar spine was noted have a decreased range of motion and a positive straight leg raise on the right side. There was decreased sensation to light touch of the L4-5 nerve distribution and deep tendon reflexes were noted to be at the patella right 1+ and left 2+, and the Achilles tendon right 1+ and left 2+. The motor examination revealed decreased motor strength. The Request for Authorization dated 03/21/2014 was for Norco #90 at 2 to 3 times per day for breakthrough pain, Zanaflex #60 for muscle spasms, Lidoderm patch #30 for local neuropathic pain, Narcosoft #60 for opioid-induced constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4As for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be addressed. The injured worker rated his pain 6/10 with medications and 9/10 without medications. The injured worker complained of constipation due to opioid medications. There is a lack of documentation regarding improved functional status with activities of daily living as well as a urine drug screen being performed. Therefore, despite the evidence of significant pain relief, there is a lack of documentation regarding increased functional status, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. As such, the request of Norco 10/325mg #90 is not medically necessary and appropriate.

Zanaflex 2mg #60: Upheld

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

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

Decision rationale: The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants with caution as a second line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond Non-Steroid Anti-Inflammatory Drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The documentation provided indicated the injured worker was suffering from muscle spasms and had been utilizing muscle relaxants since at least 01/2014. The guidelines do not recommend muscle relaxants for long-term utilization and state that efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Therefore, due to the

long-term utilization of muscle relaxants, Zanaflex is not supported by the guidelines. Physical examinations showed severe muscle spasms despite the utilization of muscle relaxants, and therefore, efficacy is not determined. Therefore, the request for Zanaflex 2mg #60 is not medically necessary and appropriate.

Narcosoft #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of California Workers' Compensation Office Medical Fee Schedule (page 7) April 1999.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation with the utilization of opioid medications. The injured worker has been utilizing stool softeners for chronic induced constipation of opioid medications. However, the previous request for opioids was non-certified, and therefore, the need for prophylactic constipation medication is not supported by the guidelines. Therefore, the request for Narcosoft #60 is not medically necessary and appropriate.

Lidoderm patch #30: Upheld

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

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

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommended for neuropathic pain when trials of antidepressants and anti convulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend Lidocaine for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or (SNRI) Serotonin-Norepinephrine Reuptake Inhibitor antidepressants or an (AEDs) Antiepileptic Drugs such Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status per the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. The guidelines do not recommend Lidoderm for non-neuropathic pain as there is only 1 trial that test 4% Lidocaine for the treatment of chronic muscle pain, and the results showed no superiority over placebo. There is a lack of documentation regarding first line therapy attempted with tricyclic, SNRI, or AED medications. The injured worker is utilizing Neurontin for neuropathic pain and there is a lack of

documentation regarding the efficacy to warrant continued Lidoderm administration. Therefore, the request of Lidoderm patch #30 is not medically necessary and appropriate.