

Case Number:	CM14-0056885		
Date Assigned:	07/09/2014	Date of Injury:	01/28/1999
Decision Date:	09/03/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/28/2014

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 Internal 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:

Patient is an injured worker with lumbar spondylosis. Date of injury was January 28, 1999. Primary treating physicians progress report dated March 14, 2014 documented subjective complaints of knee, lower back pain. The patient's knee, lower back pain is the result of an injury. It feels like burning nerve pain stabbing pain in his calves and is constant with pain that radiates into the left leg. Physical examination was documented. Lumbar spine range of motion is abnormal at 45 degrees of true flexion, 10 degrees of extension, 15 degrees of right lateral flexion, and 15 degrees of left lateral flexion, 10 degrees of right rotation, and 10 degrees of left rotation. The patient has pain with lumbar spine range of motion testing. There is no tenderness to palpation over the lumbar paraspinals. There is no tenderness to palpation over the thoracic paraspinals. There is tenderness to palpation over the lumbar facet joints. There is no tenderness to palpation over the SI joints. Straight leg raising test was negative. Right knee examination was documented. There is appreciable effusion or Baker cyst. Testing in the supine position does reveal appreciable joint effusion. Compression of the patella does not reproduce the patient's symptoms. Lachman and drawer signs are negative. McMurray signs are negative. Valgus stress reveals no laxity. Varus stress reveals laxity. There is palpable tenderness at the medial joint line. There is palpable tenderness at the lateral joint line. There is good patellar tracking. Left knee examination was documented. There is appreciable effusion or Baker cyst. Testing in the supine position does reveal appreciable joint effusion. Compression of the patella does not reproduce the patient's symptoms. Lachman and drawer signs are negative, McMurray signs are negative. Valgus stress reveals laxity. Varus stress reveals laxity. There is palpable tenderness at the medial joint line. There is palpable tenderness at the lateral joint line. There is good patellar tracking. Diagnoses were spondylosis lumbar without myelopathy, bursitis subacromial, osteoarthritis of knee. Treatment plan included medications Oxycodone 10 mg tablet, Robaxin,

Lyrica, Lidoderm 5% adhesive patch. Neurolysis bilateral L2, L3, L4, L5 procedure was requested. Medial branch rhizotomy is a procedure where a medial branch nerve (and two other levels) is ablated by a radio frequency technique.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg) patch sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57, 111-112.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. According to the Chronic Pain Medical Treatment Guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and the Chronic Pain Medical Treatment Guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidoderm 5% (700mg) patch sixty count is not medically necessary or appropriate.

Robaxin 750 mg ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Robaxin (Methocarbamol).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs (non-steroidal anti-inflammatory drugs) for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician,

muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. FDA Prescribing Information document that Robaxin is indicated for acute musculoskeletal conditions. Progress reports dated July 13, 2012, November 15, 2013, and March 14, 2014 documented prescriptions for Robaxin. Patient is an injured worker with lumbar spondylosis, with a date of injury of January 28, 1999. MTUS and FDA guidelines do not support the long term use of Robaxin for chronic conditions. Therefore, the request for Robaxin 750 mg ninety count is not medically necessary or appropriate.

Bilateral Lumbar 2,3,4,5 Neurolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic Chapter (Updated 10/18/2008) (Facet joint radiofrequency neurotomy).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 333. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address radiofrequency neurotomy, neurotomy, and facet rhizotomy. American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition (2011) states that radiofrequency neurotomy, neurotomy, and facet rhizotomy is not recommended. Official Disability Guidelines (ODG) state that regarding facet joint radiofrequency neurotomy, facet rhizotomy, radiofrequency medial branch neurotomy, radiofrequency ablation (RFA), studies have not demonstrated improved function with these procedures. No more than two joint levels are to be performed at one time. Work Loss Data Institute guidelines for the low back state that facet joint radiofrequency neurotomy / facet rhizotomy is not recommended. Medical records indicate that the patient has a diagnosis of lumbar spondylosis. Medial branch rhizotomy, a procedure where a medial branch nerve (and two other levels) is ablated by a radiofrequency technique, was requested. Neurolysis bilateral L2, L3, L4, L5 procedure was requested. Official Disability Guidelines (ODG) state that no more than two joint levels are to be performed at one time. ACOEM, ODG, and Work Loss Data Institute guidelines do not support the performance of the medial branch rhizotomy neurolysis bilateral L2, L3, L4, L5 procedure. Therefore, the request for bilateral lumbar 2,3,4,5 neurolysis is not medically necessary or appropriate.