

Case Number:	CM14-0058763		
Date Assigned:	07/09/2014	Date of Injury:	03/09/1993
Decision Date:	09/11/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 Orthopedic Surgery, 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 50-year-old male who reported an injury on 03/09/1993 due to an unknown mechanism of injury. Diagnoses were other general symptoms, unspecified myalgia and myositis, lumbar post laminectomy and lumbar or lumbosacral disc degeneration. Past treatments reported were epidural steroid injections with adverse side effects, the use of a C-collar, and trigger point injections. Diagnostic study was an EMG. Surgical history reported was right ankle surgery, fusion of the lumbar spine, and endoscopy. Physical examination on 02/06/2014 revealed chronic pain in the lumbar spine and chronic left elbow pain that was associated with aching, numbness, and tingling. Examination of the lumbar spine for range of motion was restricted with no lumbar range of motion due to fusion. Palpation of the lumbar spine of the paravertebral muscles, tenderness, trigger point (a twitch response was obtained along with radiating pain on palpation), and worse on the right side. Pain was noted on both sides. The spinous process had tenderness on the L4-5. Tenderness was noted over the sacroiliac joint on the right. Medications were amitriptyline HCL 25 mg 1 tablet 3 times a day, Valium 5 mg 1 tablet 3 to 4 times a day as needed, Lidoderm 5% patch apply 1 to 2 every 12 hours per day as needed, baclofen 20 mg up to 3 a day as needed, Opana ER 30 mg take 1 to 2 in the morning and 1 in the evening for rare flare-ups, and Lortab 10/500 mg take 1 to 2 up to 4 times a day for a maximum of 6 a day. The Lortab 10/500 mg was discontinued. Also, Norco 10/325 mg was discontinued. Opana ER 30 mg was changed to 1 to 2 tablets a day as needed and Vicodin 10/300 mg 1 to 2, up to 3 times a day as needed for pain, not to exceed 10 tablets a day. The treatment plan was for a slow tapering of medications. The injured worker reported he did wish to slowly taper his medications. The injured worker was noted to live far from outpatient detox centers. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/300mg x 60 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Hydrocodone/acetaminophen Page(s): 78, 91.

Decision rationale: The request for Hydrocodone/APAP 10/300 mg x60 day supply is not medically necessary. The California Medical Treatment Utilization Schedule recommends that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalence per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. It was noted that the injured worker is trying to taper off the pain medications. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Opana ER 30mg x 60 day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Opana ER 30 mg x60 days is not medically necessary. The California Medical Treatment Utilization Schedule recommends that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalence per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. It was noted that the injured worker is trying to taper off the pain medications. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Lidocaine Pad: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Lidocaine pad is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical Lidocaine (Lidoderm) may be recommended 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). This is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels), are indicated for neuropathic pain. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Also, a quantity was not indicated. Therefore, the request is not medically necessary.

Valium 5 mg x 60 day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Valium 5 mg x60 days is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of Benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Also, the request does not indicate a frequency or quantity for this medication. Therefore, the request is not medically necessary.

Baclofen 20mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Baclofen 20 mg quantity 20 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the

patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. Also, the request submitted does not indicate a frequency for this medication. Therefore, the request is not medically necessary.