MAXIMUS Federal Services

Case Number:	CM14-0060014		
Date Assigned:	08/13/2014	Date of Injury:	03/15/2007
Decision Date:	10/06/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/30/2014

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, has a subspecialty in Pain Management 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 patient is a 67 year old female with an injury date of 03/15/07. Based on 09/25/13 progress report provided by [redacted] NP, the patient complains of low back pain radiating to lower extremities, depression, anxiety, and pain and burning in the crotch. Physical examination to the lumbar spine reveals absent spasms and trigger points. Negative straight leg raise. There is decreased range of motion, with restriction on extension. She had a lumbar epidural steroid injection at L4-L5 on 08/26/13 with 80% decrease in pain and increase in functionality. She no longer uses a cane to ambulate. She is able to sit, stand, walk, do household activities, go shopping, and sleep better. Per 09/25/13 progress report, Opiate risk assessment has been carried out, she is 'low risk' and a narcotic agreement is in place. Narcotic medication pill counts are done at every visit and urine toxicology screening performed. Per provider, the 4 A's were reviewed with the patient and Narcotic Agreement compliance reminded. Worst pain score: 6/10. Least pain score: 1/10. Usual pain score: 3/10. Patient is able to do limited household work only. Diagnosis 09/25/13- chronic pain syndrome- disc displacement with radiculitis- lumbosacral spondylosis without myelopathy- depressive disorder, NEC. [redacted] is requesting the following current medications: 1. Norco 10/325 #60 2. Fentanyl patch 12 mcg per hour #15 - low back 3. Gabapentin 800 mg #90 4. Lidoderm patch #30 - low back 5. Naproxyn 375 mg #606. Skelaxin 800 mg #90The utilization review determination being challenged is dated 04/22/14. The rationale follows:1. Norco 10/325 #60: no rationale given 2. Fentanyl patch 12 mcg per hour #15 - low back: it is mentioned that dosage of Fentanyl decreased from 25 mcg/hour to 12 mcg/hour3. Gabapentin 800 mg #90: no rationale given4. Lidoderm patch #30 - low back : no rationale given5. Naproxyn 375 mg #60 : no rationale given6. Skelaxin 800 mg #90: "The patient has been on it chronically, much longer than the recommended 2-3 weeks. There was minimal documentation of efficacy. Therefore, there is no justification to

continue Skelaxin.'[redacted] is the requesting provider, and he has provided treatment reports from 05/07/13 - 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: The patient presents with low back pain radiating to lower extremities, depression and anxiety, and pain and burning in the crotch. The request is for Norco 10/325 #60. Patient had a lumbar epidural steroid injection at L4-L5 on 08/26/13 with 80% decrease in pain and increase in functionality, per progress report dated 09/25/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per 09/25/13 progress report, Opiate risk assessment has been carried out, and a narcotic agreement is in place. Narcotic medication pill counts are done at every visit and urine toxicology screening performed. She no longer uses a cane to ambulate. She is able to sit, stand, walk, do household activities, go shopping, and sleep better. Patient is able to do limited household work only. Provider has addressed the 4As, however it is not clear whether patient improved due to lumbar epidural steroid injection or medications prescribed. Given adequate documentation and proper opiate management, recommendation is medically necessary.

Fentanyl patch 12 mcg per hour #15 - low back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44, 47.

Decision rationale: The patient presents with low back pain radiating to lower extremities, depression and anxiety, and pain and burning in the crotch. The request is for Fentanyl patch 12 mcg per hour #15 - low back. MTUS page 44 states "Duragesic (fentanyl transdermal system), not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin." In this case, the patient is on low dose Fentanyl patch along with Norco. The provider appears to address the four A's adequately as documented above. The patient has a long history of chronic

pain and Fentanyl does not appear to the first-line therapy. Recommendation is medically necessary.

Gabapentin 800 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18,19.

Decision rationale: The patient presents with low back pain radiating to lower extremities, depression, anxiety, and pain and burning in the crotch. The request is for Gabapentin 800 mg #90. MTUS page 49 states "Gabapentin is an anti-epilepsy drug, which 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." Patient had a lumbar epidural steroid injection at L4-L5 on 08/26/13. Per progress report dated 09/25/13, patient states that with Gabapentin, the pain is better, the sleep pattern is same, functionality is better, and the medication usage is decreased. In review of reports, there is no documented evidence of neuropathic pain. Request does not meet MTUS guidelines. Recommendation is for denial.

Lidoderm patch #30 - low back: Upheld

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

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

Decision rationale: The patient presents with low back pain radiating to lower extremities, depression, anxiety, and pain and burning in the crotch. The request is for Lidoderm patch #30 - low back. Patient had a lumbar epidural steroid injection at L4-L5 on 08/26/13. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." There is no documented evidence of neuropathic pain found in review of reports. The request does not meet guideline requirements. Recommendation is for denial.

Naprosyn (Naproxen) 375 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: The patient presents with low back pain radiating to lower extremities, depression, anxiety, and pain and burning in the crotch. The request is for Naprosyn (Naproxen) 375 mg #60. Patient had a lumbar epidural steroid injection at L4-L5 on 08/26/13. While MTUS supports use of NSAIDs for chronic low back pain, regarding medications for chronic pain, MTUS pg60, 61states: "A record of pain and function with the medication should be recorded." Review of reports do not show documentation of pain and functional benefit specific to Naprosyn (Naproxen). The patient is already on moderate dose of opiates and it is not known what Naprosyn (Naproxen) is doing for the patient. Recommendation is for denial.

Skelaxin 800 mg #90: Overturned

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

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

Decision rationale: The patient presents with low back pain radiating to lower extremities, depression and anxiety, and pain and burning in the crotch. The request is for Skelaxin 800 mg #90. Patient had a lumbar epidural steroid injection at L4-L5 on 08/26/13. ODG guidelines has the following regarding muscle relaxants for chronic pain: Recommend non-sedating muscle relaxants with caution as a second-line option for acute LBP and for short-term pain relief in patients with chronic LBP, but benzodiazepines are not recommended. Metaxalone (Skelaxin) is reported to be a relatively non-sedating muscle relaxant." Metaxolone is the ingredient found in Skelaxin. It is not a benzodiazepine and is a relatively non-sedating muscle relaxant. Per ODG, requested muscle relaxant is recommended for patient's low back symptoms. Recommendation is medically necessary.