

Case Number:	CM14-0063185		
Date Assigned:	07/11/2014	Date of Injury:	08/16/2006
Decision Date:	10/14/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55-year-old male who has submitted a claim for lumbar degenerative disc disease associated with an industrial injury date of August 16, 2006. Medical records from 2014 were reviewed. There are no progress notes available. The UR showed that the patient complained of chronic pain that occasionally radiates to the legs. Pain meds allegedly helped the patient with ADLs and sleeping. Examination showed lumbar spasms in bilateral paraspinous areas, decreased lordosis and positive SLR at the left. Treatment to date has included transforaminal injection and medications. Utilization review from April 15, 2014 denied the request for Zanaflex 4 mg. once daily as needed #30, Lidoderm 5% Patch One (1) - two (2) every day #60. Start Zohydro 40 mg, one (1) twice a day #60, and decrease Norco 10/325 mg, one tablet twice a day # 60. The request for Zanaflex was denied because the guidelines do not recommend its use and the patient did not have documentation of exacerbations or symptoms of injury considering he received 30 pills in the same month. The request for Lidoderm was denied because there was no documentation of localized peripheral neuropathic pain and does trial of first-line therapy. The request for Zohydro was denied because of its dangerous black box warning. The request for decrease Norco was denied because the available records show that the requested dose is actually an increase in dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg. once daily as needed #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Muscle Relaxant Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, it is not known when the patient started using Zanaflex. However, the UR stated that the patient was already using this medication for a period longer than the recommendation of the guidelines. Moreover, it stated that the patient did not have documentation of exacerbations or symptoms of injury considering he received 30 pills in the same month. Given the limited amount of information available, this cannot be verified. Therefore, the request for Zanaflex 4 mg, once daily as needed #30 is not medically necessary.

Lidoderm 5% Patch One (1) - two (2) every day #60: 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 Page(s): 56-57.

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). In this case, the limited records do not indicate that the patient had symptoms of neuropathy. There was also no documentation that the patient had tried first-line therapy. The limited information does not allow verification of information presented in the UR. Therefore, the request Lidoderm 5% Patch One (1) - two (2) every day #60 is not medically necessary.

Start Zohydro 40 mg. One (1) twice a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Daily Med (<http://dailymed.nlm.nih.gov/dailymed/druginfo>)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: FDA, Zohydro

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of

Workers Compensation, and the FDA was used instead. Zohydro ER is an extended-release form of hydrocodone that is used for around-the-clock treatment of severe pain. It has a black box warning of "Misuse of Narcotic Medication Can Cause Addiction, Overdose, Or Death, especially in a child or other person using the medicine without a prescription." In this case, the limited records did not indicate the rationale for starting Zohydro when the patient was previously on Norco. Therefore, the request for Start Zohydro 40 mg, one (1) twice a day #60 is not medically necessary.

Decrease Norco 10/325 mg. One Tablet twice a day # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Based on the request, there is a plan to taper the medication. However, there is limited medical record submitted for review. There is no progress report available to document such plan. The medical necessity cannot be established because of insufficient information. Therefore, the request for "Decrease Norco 10/325 mg, one tablet twice daily # 60" is not medically necessary.