

Case Number:	CM14-0072555		
Date Assigned:	07/16/2014	Date of Injury:	02/17/2011
Decision Date:	09/12/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/19/2014

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 interventional spine 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 56-year-old female with a date of injury of 02/17/2011. The listed diagnoses per [REDACTED] are: Lumbago. Lumbar sprain/strain. Thoracic sprain/strain. According to progress report 04/22/2014, the patient presents with continued complaints of low back pain and is requiring medication refill. The patient's medication regimen includes Flexeril 10 mg, Soma 350 mg, tramadol 50 mg, Motrin 400 mg, estradiol 1 mg, Synthroid 125 mcg, Xanax 1 mg, and Effexor 75 mg. Examination of the lumbar spine revealed positive tenderness to palpation and reduced range of motion. Patient's treatment plan includes continuation of exercise program, refill of Butrans patch 10 mg #4, Motrin 800 mg #100, Lidoderm patch #60, and Flexeril 10 mg #30. Utilization review denied the request on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 10mg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 26-37.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid u Page(s): 88-89-78.

Decision rationale: This patient continues with low back pain. The treater is requesting a refill of Butrans patch 10 mg #4. The 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. The medical file provided for review includes progress report 02/04/2014, 03/25/2014, and 04/22/2014. Each progress report requests a refill of this medication but does not discuss analgesia or specific functional improvement from taking this medication. The treater does not take account of adverse effects, aberrant behaviors and does not provide an Urine drug screen for monitoring of medication. Furthermore, the treater does not provide pain assessment or outcomes measures as required by MTUS. Given lack of sufficient documentation for chronic opiate use, the request is not medically necessary.

Motrin 800mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, NSAIDs Page(s): 60,61,22,67,68.

Decision rationale: This patient continues with low back pain The treater is requesting a refill of Motrin 800 mg #100. Utilization review denied the request stating patient has been on NSAID and it does not appear that there has been any derived benefit from prior use. For antiinflammatory medications, the MTUS Guidelines page 22 states, Antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. This patient has been taking ibuprofen since 02/04/2014. Review of subsequent progress reports does not provide discussion regarding this medication's efficacy. MTUS Guidelines page 60 requires documentation of pain assessment and function when medications are used for chronic pain. Given the lack of documentation of pain and functional assessment as related to the use of Motrin, the request is not medically necessary.

Lidoderm Patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-112.

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

Decision rationale: This patient continues with low back pain. The treater is requesting a refill of Lidoderm patch #60. Utilization review denied the request stating the request is not reasonable as there has no indication that there has been failure after a trial of first line therapy. Terocin patches contain salicylate, capsaicin, menthol, and Lidocaine. The MTUS Guidelines page 112

states under Lidocaine, Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing the patches for the patient's low back strain, which is not supported by the guidelines. The requested Terocin patches are not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: This patient continues with low back pain The treater is requesting a refill of Flexeril 10 mg #30. Report 03/25/2014 indicates the patient has thoracic, back pain accompanied by muscle spasm. Treater requests refill of Flexeril 10 mg #30. Review of the medical file indicates the patient has been taking this medication since 02/04/2014. The MTUS Guidelines page 64 states, Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. In this case, the treater has prescribed this medication for long-term use. The request is not medically necessary.