

Case Number:	CM14-0079738		
Date Assigned:	08/08/2014	Date of Injury:	04/01/2012
Decision Date:	09/22/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational 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 a 43-year-old male who has submitted a claim for lumbosacral spondylosis without myelopathy, cervical disc degeneration, muscle spasm, osteoarthritis, tobacco use disorder, migraine unspecified, lumbar or lumbosacral disc degeneration, depression, anxiety, and sleep disturbance associated with an industrial injury date of 04/01/2012. Medical records from 2012 to 2014 were reviewed. Patient complained of low back pain, graded 5/10 in severity, with intermittent left posterior thigh numbness. Aggravating factors included sitting, bending, lifting, driving, standing, and walking. He denied weakness and incontinence. Patient complained of difficulty sleeping. Patient reported that medications provided him symptom relief and allowed him to perform activities of daily living. There were no noted side effects. Physical examination of the lumbar spine showed tenderness, taut bands, muscle spasm, and restricted range of motion. Straight leg raise test was positive on the left. Gait was mildly antalgic. Motor, reflexes and sensory exam were unremarkable. Urine drug screen as cited from report dated 04/17/2014 showed consistent results with prescribed medications. Patient obtained a PHQ-9 psychological testing score of 6/30 indicating minimal depression and anxiety. Treatment to date has included facet joint injections, epidural steroid injection, chiropractic care, trigger point injections, and medications such as lidocaine ointment, Protonix, Cymbalta, Norco, Tizanidine (all since 2012), and Etodolac (since 2013). Utilization review from 05/07/2014 denied the request for Lidocaine 5% Ointment QTY: 400.00 because of no documented objective functional improvement; modified the request for Protonix 40mg qty: 120.00 into quantity 60 because although patient had NSAID-related dyspepsia, there should be a re-assessment every couple of months of its medical necessity; modified the request for Cymbalta 60mg qty: 120.00 into quantity 60 because although there was noted subjective improvement, re-assessment every couple of months for its medical necessity should be implemented; modified the request for Norco 10/325 mg qty: 720.00

into quantity 360 for the purpose of weaning because there was no subjective or objective functional improvement from chronic opioid use; modified the request for Etodolac ER 500mg qty: 240.00 into quantity 120 because of no documented improvement; and denied Tizanidine HCL 4mg qty: 240.00 because of no documented muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Ointment QTY: 400.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, lidocaine cream was prescribed since 2012 as adjuvant therapy to oral medications. However, the prescribed medication contains lidocaine that is not recommended for topical use. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Lidocaine 5% ointment qty: 400.00 is not medically necessary.

Protonix 40mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Protonix since 2012. There was noted history of NSAID-related dyspepsia; however, there was no recent subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, there was no documentation concerning symptom relief upon PPI use. The guideline criteria were not met. Therefore, the request for Protonix 40mg qty: 120.00 is not medically necessary.

Cymbalta 60mg QTY: 120.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, patient's clinical manifestations are consistent with neuropathic pain. Patient likewise reported symptoms of depression. Patient had been on Cymbalta since 2012. The most recent progress report cited that medications provided him symptom relief and allowed him to perform activities of daily living. The medical necessity for continuing Duloxetine has been established. Therefore, the request for Cymbalta 60mg qty: 120.00 is medically necessary.

Norco 10/325 mg QTY: 720.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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. In this case, patient has been on opioid since 2012. Patient reported that medications provided him symptom relief and allowed him to perform activities of daily living. There were no noted side effects. Urine drug screen as cited from report dated 04/17/2014 showed consistent results with prescribed medications. Guideline criteria for ongoing opioid management have been met. However, the request failed to specify frequency of Norco intake. Moreover, there is no discussion as to why certification for 720 tablets is needed at this time. Frequent monitoring of patient's response to therapy is paramount in medication management. Therefore, the request for Norco 10/325 mg qty: 720.00 is not medically necessary.

Etodolac ER 500mg QTY: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Etodolac Page(s): 67-68, 71.

Decision rationale: As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are useful in treating breakthrough and mixed pain conditions such as osteoarthritis and back pain; there is no evidence for long-term effectiveness for pain and function. Etodolac is specifically indicated for use in osteoarthritis. In this case, the patient has been using Etodolac as far back as 2013. Patient reported that medications provided him symptom relief and allowed him to perform activities of daily living. However, long-term use of Etodolac is not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Etodolac ER 500mg qty: 240.00 is not medically necessary.

Tizanidine HCL 4mg QTY: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, the patient has been on muscle relaxants since 2012. Although paralumbar muscle spasm is still evident based on the most recent physical examination, long-term use of muscle relaxant is not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Tizanidine HCL 4mg qty: 240.00 is not medically necessary.