

Case Number:	CM14-0085112		
Date Assigned:	07/23/2014	Date of Injury:	03/27/1995
Decision Date:	09/08/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/06/2014

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 Medicine, and is licensed to practice in Florida. 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 67-year-old female who reported an injury during a defensive training class on 03/27/1996. On 07/02/2014, her complaints included chronic low back pain which she described as constant, aching, sharp, burning, and throbbing, and rated it at 6/10. Her diagnoses included pelvic/thigh/hip degenerative joint disease, ankle/foot pain, knee/lower leg pain, and degenerative joint disease of the limb. Her medications included Senokot 8.6 mg, Celebrex 200 mg, Soma 350 mg, baclofen 10 mg, Dalmane, 15 mg, Etodolac 400 mg, Avinza 75 mg, Norco 10/325 mg, and Lidoderm 5% patch. There was no rationale included in this worker's chart. A request for authorization dated 05/15/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg: 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): 63-66.

Decision rationale: The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short-term treatment of acute exacerbations in patients

with chronic low back pain. In most low back pain cases they show no benefit beyond NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Muscle relaxants are supported only for short-term use, chronic use would not be supported by the guidelines. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. This worker does not have a diagnosis of muscle spasm or spinal cord injury. She has been taking baclofen since 03/12/2014, which exceeds the guideline recommendations of short-term use. Additionally, there was no frequency of administration included with the request. Therefore, this request for baclofen 10 mg is not medically necessary.

Dalmane 15mg: 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 Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. This worker has been taking Dalmane since 07/02/2013, which exceeds the guideline recommendations of a 4 week limit. Additionally, the request did not include frequency of administration. Therefore, this request for Dalmane 15 mg is not medically necessary.

Etodolac 400mg: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73

Decision rationale: The California MTUS Guidelines recommend NSAIDs, which includes Etodolac, at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. They are recommended as a second line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. For chronic low back pain, they are recommended as an option for short-term symptomatic relief. This worker has been taking Etodolac since 07/02/2013, which exceeds the recommendations in the guidelines. Additionally, the request did not contain frequency of administration. Therefore, this request for Etodolac 400 mg is not medically necessary.

Lidoderm 5% patch: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. Lidocaine is recommended for localized peripheral pain after there has been evidence of trials of first line therapy including tricyclic or SNRI antidepressants or an antiepileptic drug such as gabapentin or Lyrica. The only form of FDA approved topical application of Lidocaine is the dermal patch for neuropathic pain. This request does not specify a body part to which the patch should be applied, or frequency of application. Therefore, this request for Lidoderm 5% patch is not medically necessary.