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| Case Number: | CM14-0094106 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 03/26/1997 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 06/23/2014 |

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 and is licensed to practice in Texas, and Oklahoma. 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 60-year-old male who reported an injury on 03/26/1997. The mechanism of injury was not stated. The current diagnoses include chronic pain syndrome, narcotic pain medication dependence, postherpetic neuralgia, bilateral knee osteoarthritis, bilateral lumbosacral facet syndrome, smoking, sleep apnea, lumbosacral muscle spasm, lumbosacral radiculopathy, and low testosterone. The injured worker was evaluated on 06/18/2014 with complaints of 5/10 pain. The current medication regimen includes Ultram 50 mg, Lidoderm 5% patch, Neurontin 300mg, Norco 10mg, Robaxin 750mg, Tizanidine 4mg, and Ultram ER 100mg. Physical examination on that date revealed 60 degree anterior flexion, 20 degree extension, bilateral lumbosacral paraspinal tenderness with trigger points, and positive straight leg raising bilaterally. Treatment recommendations at that time included continuation of the current medication regimen, as well as a urine drug screen. There was no DWC form RFA submitted for the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5 % #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line treatment with anticonvulsants and antidepressants. As per the documentation submitted, the injured worker has continuously utilized this medication since 01/2014. There is no documentation of objective functional improvement. There is also no evidence of a failure of first line treatment. There is no frequency listed in the request. Therefore, the request is not medically necessary.

Neurontin 300 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines recommend Gabapentin for neuropathic pain. The injured worker has continuously utilized this medication since 01/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. Therefore, the request is not medically necessary.

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 01/2014 without any evidence of objective functional improvement. Therefore, the request cannot be determined as medically appropriate. There is also no frequency listed in the request. Therefore, the request is not medically necessary.

Robaxin 750 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. The medical necessity for 2 separate muscle relaxants has not been established. The injured worker has utilized this medication since 01/2014 without any evidence of objective functional improvement. Therefore, the request is not medically necessary.

Tizanidine 4 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. The medical necessity for 2 separate muscle relaxants has not been established. The injured worker has utilized this medication since 01/2014 without any evidence of objective functional improvement. Therefore, the request is not medically necessary.

Ultram ER 100mg #390: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 01/2014 without any evidence of objective functional improvement. Therefore, the request cannot be determined as medically appropriate. There is also no frequency listed in the request. Therefore, the request is not medically necessary.