

Case Number:	CM14-0096699		
Date Assigned:	07/23/2014	Date of Injury:	10/13/2001
Decision Date:	08/27/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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:

This injured worker is a female with an injury dated 10/31/2001. According to a progress note dated 5/6/2014, the injured worker complains of low back pain and radicular pain. She is currently receiving acupuncture treatment, which is providing benefit. She states acupuncture helps her reduce her opiate medications. She reports she does not need to take Norco when she has acupuncture. She states that, with acupuncture, she can walk an extra 15 minutes. She is able to perform daily activities, including washing dishes and cleaning, with less pain and for longer. She rates the pain in her low back at 6/10. She states the pain is constant and can be severe at times. She states the worst complaint is her low back. She notes right lower extremity numbness, tingling and pain extending to the foot, as well as weakness in the right lower extremity. She states prolonged activity aggravates her pain. Upon examination, she is noted to be in no distress. Her back is tender to palpation over the lumbar-sacral spine, and there is tenderness of the facet joint at L4-5, L5-S1. Also, there is lumbar paraspinal muscle spasm on the right, with the lumbar spine non-tender and with pain accompanying extension past neutral and rotation of spine. Straight leg raise is positive bilaterally for L3 and L4 radiculopathy. There is bilateral L3 and L4 nerve root pain. There is no sacroiliac joint tenderness. There is a well-healed scar. Strength is 4/5 but equal bilaterally. Her diagnoses include chronic pain syndrome, failed back surgery with radiculopathy, encounter for therapeutic drug monitoring, encounter for long-term (current) use of other medications, lumbago, thoracic or lumbar neuritis or radiculitis, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and Weaning of Medications Page(s): 24 and 124.

Decision rationale: This request is for Valium 5 mg #30, which has been prescribed chronically. The claims administrator modified the request to Valium 5 mg #15 for tapered discontinuation. According to the supplemental medical-legal evaluation dated 4/18/2014, Valium helps reduce the injured worker's muscle spasms and allows her to perform her activities of daily living with less pain. She notes that she is able to perform some exercise with the medication, including walking. The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. Therefore, the request for Valium 5 mg #30 is determined to not be medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Stress and Mental Illness.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia section.

Decision rationale: Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically, whereas secondary insomnia may be treated with pharmacological and/or psychological measures. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that any non-pharmacological modalities, such as cognitive behavioral therapy or addressing sleep hygiene practices, were attempted prior to the introduction of a pharmacological sleep aid. Therefore, the request for Ambien 10mg #30 is determined to not be medically necessary.

3 Boxes of Lidoderm Patches: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

Decision rationale: According to the supplemental medical-legal evaluation dated 4/18/2014, the injured worker has tried first-line therapy, including Cymbalta, with benefit; however, Cymbalta was denied by the insurance company. The injured worker utilizes the Lidoderm patches with significant relief. She states it allows her to perform her daily activities with less pain and improves her activities of daily living. She has ongoing radicular pain with a peripheral component in the right lower extremity, and she states the patches help reduce the pain. Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and/or anticonvulsants have failed. There is clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. Therefore, the request for 3 Boxes of Lidoderm Patches is determined to be medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medications Page(s): 74-95 and 124.

Decision rationale: The requesting provider reports that the injured worker states she experiences at least a 50% reduction in pain severity with the use of Norco and Naproxen. She also reports that, with acupuncture, she has not needed Norco. The requesting physician does not report any objective findings that indicate improved function as a result of the use of Norco, nor does the requesting physician address aberrant drug behavior. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instances in which opioids are needed as maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. This is not the case in the current management of this injured worker. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain, along with evidence of compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms, in particular when opioids have been used chronically. This request, however, is not for a weaning treatment, but rather to continue treatment. Therefore, the request for Norco 5/325mg #60 is determined to not be medically necessary.