

Case Number:	CM14-0114273		
Date Assigned:	09/22/2014	Date of Injury:	04/28/2008
Decision Date:	03/16/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old female who reported an injury on 04/28/2008. The mechanism of injury reportedly occurred as a slip while grabbing on to a bus door to avoid falling and the injured worker felt a pain in her lower back. Her diagnoses included low back pain. Her past treatments have included medications, a radiofrequency ablation of the left lumbar L3-S1 medial branch nerves performed on 03/24/2014, and lumbar facet nerve blocks. Diagnostic studies were not provided within the documentation submitted for review. Her surgical history was noncontributory. The injured worker presented on 08/25/2014 with complaints of low back pain. She rated her current pain a 6/10 and described the pain as aching, annoying, constant, radiating, tight, and severe. Upon physical examination of the lumbar spine, a straight leg raise on the right was positive at 30 degrees, straight leg raise on the left was positive at 30 degrees, and palpation of the lumbar facets revealed pain on both sides at the L3-S1 region. There was pain noted over the lumbar intervertebral spaces on palpation. There were palpable twitch positive trigger points noted in the lumbar paraspinal musculature. The injured worker was noted to have an antalgic gait. Anterior flexion of the lumbar spine was noted to be at 30 degrees, anterior lumbar flexion caused pain, and extension of the lumbar spine was noted to be at 10 degrees. There was pain noted with lumbar extension. Her current medication regimen included Norco since at least 2013, cyclobenzaprine since at least 01/2014, and Terocin patches since at least 04/2014. The treatment plan included a refilling of the medications, to continue activities as tolerated, and to continue to follow-up with a general provider. The rationale for the request was that the clinician saw no evidence of abuse, diversion, hoarding, or

impairment. A Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril) Page(s): 63-64.

Decision rationale: The request for cyclobenzaprine 7.5 mg #30 is not medically necessary. The injured worker has chronic low back pain. The California MTUS Treatment Guidelines recommend cyclobenzaprine for a short course of therapy. Additionally, the guidelines state that cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks of symptom improvement with the greatest effect appearing to be within the first 4 days of treatment. The documentation submitted for review provides evidence that the injured worker has exceeded the guidelines' recommendations for the short-term use of cyclobenzaprine. Given the above, the request as submitted does not support the evidence based guidelines. As such, the request for cyclobenzaprine 7.5 mg #30 is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 76-78, 124.

Decision rationale: The request for Norco 10/325 mg #180 is not medically necessary. The injured worker has chronic low back pain. The California MTUS Treatment Guidelines state that the ongoing management of opiate therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted documentation did not include a detailed pain assessment to establish adequate pain relief with the use of Norco. There was also no evidence of functional improvement or lack of adverse effects. In the absence of documentation showing details regarding the injured worker's medications, including her use of Norco, and the appropriate documentation to support the ongoing use of opioids, the request is not supported. However, the guidelines recommend weaning of opioids. For opioids, a slow taper is recommended. The longer the patient has taken opioids, the more difficult they are to taper. The process is more complicated with medical comorbidity, older age, female gender, and the use of multiple agents. Gradual weaning is recommended for long term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms (Benzen, 2005). Patients with complex

conditions with multiple comorbidities (including psych disorders) should be referred to an addiction medicine/psychiatry specialist. Opioid weaning should include the following: (a) start with a complete evaluation and treatment, comorbidity, psychological condition; (b) clear written instructions should be given to the patient and family; (c) if the patient cannot tolerate the taper, refer to an expert (pain specialist, substance abuse specialist); (d) taper by 20% to 50% per week of the original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); (e) a slower suggested taper is 10% every 2 to 4 weeks, slowing to a reduction of 5% once a dose of 1 third of the initial dose is reached; (f) greater success may occur when the patient is switched to longer acting opioids and then tapered; (g) office visits should occur on a weekly basis; (h) assess for withdrawal using a scale such as the Subjective Opioid Withdrawal Scale (SOWS) and Objective Opioid Withdrawal Scale (OOWS); and (i) recognize that this may take months.

Terocin 4% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Terocin 4% #60 is not medically necessary. The injured worker has chronic low back pain. The California MTUS Treatment Guidelines state that no other commercially approved topical lidocaine formulation, whether cream, lotion, or gel, is indicated for neuropathic pain other than Lidoderm patch, which is recommended for treatment for postherpetic neuralgia. The documentation submitted for review did not provide evidence that the injured worker has a diagnosis of post-herpetic neuralgia. Given the above, the request as submitted does not support the evidence based guidelines. As such, the request for Terocin 4% #60 is not medically necessary.