

Case Number:	CM14-0158645		
Date Assigned:	10/09/2014	Date of Injury:	11/30/2007
Decision Date:	10/07/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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:

This injured worker is a 59 year old male who reported an industrial injury on 11-30-2007. His diagnoses, and or impression, were noted to include: post-lumbar laminectomy syndrome; lumbalgia; myositis; failed back syndrome; and bilateral knee arthropathies. No current imaging studies were noted. His treatments were noted to include: a qualified medical evaluation; a neurosurgical 2nd opinion, with recommendations; a spinal cord stimulator trial without permanent implant; acupuncture treatments; aqua therapy; and medication management with toxicology studies. The progress notes of 7-24-2014 reported treatment recommendations for moderate lumbar spine pain and right > left lower extremity numbness and tingling, status-post surgical intervention; as well as bilateral knee pain. He reported severe, intractable pain, status-post 2011 lumbar spine surgery, and that he utilized medications when he had no access to acupuncture treatments; which provides him with temporary relief when the treatments are consistent. He also reported that above acupuncture treatments, he gains even better functionality with self-directed water therapy. Objective findings were noted to include: para-lumbosacral tenderness with positive Braggard's and Kemp's signs, and reduced and painful range-of-motion; tender bilateral knee ligament tenderness, with significantly short bilateral hamstrings; numbness and-or tingling to the bilateral lumbosacral dermatomes, with decreased deep tendon reflexes at the bilateral patellar tendons and Achilles tendons; and absent pathological reflexes. The physician's requests for treatments were noted to include the continuation of Hydrocodone, Naproxen, Lyrica and Senakot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/500mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: The patient was injured on 11/30/07 and presents with low back pain. The request is for HYDROCODONE 5/500 MG WITH 2 REFILLS. There is no RFA provided and the patient's current work status is not provided. The patient has been taking this medication as early as 03/13/14 and treatment reports are provided from 02/12/14 to 07/24/14. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 04/10/14 report states that the "patient has signed and agreed to an opioid contract." The 05/15/14 report indicates that the patient "does not show any signs of aberrant behaviors or signs of diversion." The 07/23/14 report states that the patient rates his pain as a 7-8/10. The patient had a urine drug screen on 08/26/14 and it appears that he was consistent with his prescribed medications. In this case, not all of the 4 As are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Hydrocodone IS NOT medically necessary.

Naproxen 550mg x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient was injured on 11/30/07 and presents with low back pain. The request is for NAPROXEN 550 MG X 2 REFILLS. There is no RFA provided and the patient's current work status is not provided. The patient has been taking this medication as early as 03/13/15. MTUS Guidelines, Anti-inflammatory, page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The patient has para-lumbosacral tenderness with positive Braggard's and Kemp's signs, and reduced and painful range-of-motion; tender bilateral knee ligament tenderness, with significantly short bilateral hamstrings; numbness and-or tingling to the bilateral lumbosacral dermatomes, with decreased deep tendon reflexes at the bilateral patellar tendons and Achilles tendons; and absent pathological reflexes. He is diagnosed with post-lumbar laminectomy syndrome, lumbalgia, myositis, failed back syndrome, and bilateral knee arthropathies. The 07/23/14 report states that the patient rates his pain as a 7-8/10. The treater does not specifically discuss efficacy of Naproxen on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Naproxen IS NOT medically necessary.

Lyrice 100mg x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrice).

Decision rationale: The patient was injured on 11/30/07 and presents with low back pain. The request is for LYRICA 100 MG X 2 REFILLS. There is no RFA provided and the patient's current work status is not provided. The patient has been taking this medication as early as 03/13/15. MTUS Guidelines, pages 19-20, have the following regarding Lyrice: Pregabalin Lyrice, no generic available has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both. It further states, "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." The patient has para-lumbosacral tenderness with positive Braggard's and Kemp's signs, and reduced and painful range-of-motion; tender bilateral knee ligament tenderness, with significantly short bilateral hamstrings; numbness and-or tingling to the bilateral lumbosacral dermatomes, with decreased deep tendon reflexes at the bilateral patellar tendons and Achilles tendons; and absent pathological reflexes. He is diagnosed with post-lumbar laminectomy syndrome, lumbalgia, myositis, failed back syndrome, and bilateral knee arthropathies. The 07/23/14 report states that the patient rates his pain as a 7-8/10. The treater does not specifically discuss efficacy of Lyrice on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function

needs to be provided. Due to lack of documentation, the requested Lyrica IS NOT medically necessary.

Senokot x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter, Under Opioid Induced Constipation Treatment.

Decision rationale: The patient was injured on 11/30/07 and presents with low back pain. The request is for SENOKOT X 2 REFILLS. There is no RFA provided and the patient's current work status is not provided. The patient has been taking this medication as early as 03/13/15. ODG Guidelines, Pain (chronic) Chapter, Under Opioid Induced Constipation Treatment states, Recommended as indicated below. In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. MTUS, Criteria for Use of Opioids Section, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." The patient is diagnosed with post-lumbar laminectomy syndrome, lumbalgia, myositis, failed back syndrome, and bilateral knee arthropathies. The reason for the request is not provided. As of 07/24/15, he is taking Hydrocodone, Naproxen, and Lyrica. Constipation prophylaxis is generally considered an appropriate measure in patient's taking opioid medications. However, the associated Hydrocodone is not indicated owing to a lack of 4A's documentation, and this patient is not currently taking any other narcotic medications. Therefore, the request IS NOT medically necessary.

Terocin x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient was injured on 11/30/07 and presents with low back pain. The request is for TEROGIN X 2 REFILLS. There is no RFA provided and the patient's current work status is not provided. The patient has been using these patches as early as 03/13/15. Terocin

patches are dermal patches with 4% lidocaine, 4% menthol. MTUS Guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line treatment (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "lidocaine indicates: Neuropathic pain. Recommended for localized peripheral pain." In reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use, and outcome documented for function and pain. The patient has paralumbosacral tenderness with positive Braggard's and Kemp's signs, and reduced and painful range-of-motion; tender bilateral knee ligament tenderness, with significantly short bilateral hamstrings; numbness and-or tingling to the bilateral lumbosacral dermatomes, with decreased deep tendon reflexes at the bilateral patellar tendons and Achilles tendons; and absent pathological reflexes. He is diagnosed with post-lumbar laminectomy syndrome, lumbalgia, myositis, failed back syndrome, and bilateral knee arthropathies. In this case, the patient does not present with peripheral localized neuropathic pain as indicated by MTUS Guidelines. Therefore, the requested Terocin patch IS NOT medically necessary.