

Case Number:	CM14-0189116		
Date Assigned:	12/05/2014	Date of Injury:	08/17/2004
Decision Date:	08/26/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/12/2014

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 49 year old male who sustained an industrial injury on 8/17/04. He had complaints of lower back pain with pain radiating down his left lower extremity to his buttocks. Review progress note dated 12/8/14 reports of an exam on 10/29/14, injured worker has continued complaints of constant lower back pain radiating to the bilateral lower extremities down to the feet with numbness and tingling along with spasms. The pain has worsened and is rated a 6/10. Diagnoses include status post fusion with residual back and leg pain, transitional syndrome with disc protrusion and central stenosis, facet hypertrophy at L3-4 bilaterally, disc protrusion at L5-S1 level with moderate neural foraminal stenosis and bilateral L5 nerve impingement, chronic neuropathic bilateral lower leg pain, anterior abdominal pain, chronic pain syndrome, on long-term opioid pain killers, erectile dysfunction secondary to surgery versus chronic opioid intake, status post hardware blocks with 50% relief, right shoulder bursitis, right shoulder rotator cuff tendinitis, right sacroiliitis, acute flare ups of low back and leg pain, insomnia, flare ups of neck and right shoulder pain, trigger points in the right interscapular region, right trapezius and levator scapula, depression, gastroesophageal reflux disease and gastritis. Current medications of Norco, Robaxin, Lidoderm patch, omeprazole, and menthol gel provide 60% relief and increase performance of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 MG 1 By Mouth Every Day #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 Antispasmodics Page(s): 63-66.

Decision rationale: The patient presents with low back pain, rated 6/10, radiating to the bilateral lower extremities down to the feet with numbness, tingling and spasms. The request is for ROBAXIN 750 MG 1 BY MOUTH EVERY DAY # 30. Patient is status post lumbar spine surgery, date unspecified. Per 12/08/14 appeal report, patient's diagnosis include status post fusion L4-L5 and L5-S1 with residual back and leg pain, transitional syndrome at L3-L4 with disc protrusion and central stenosis, facet hypertrophy at L3-L4 bilaterally, disc protrusion at L5- S1 level with moderate neural foraminal stenosis and bilateral L5 nerve impingement, chronic neuropathic bilateral lower extremity pain, anterior abdominal pain, rule out hernia, chronic pain syndrome, on long term opioid pain killers, erectile dysfunction secondary to surgery versus chronic opioid intake, status post hardware blocks with 50% relief, right shoulder bursitis, right shoulder rotator cuff tendonitis, right sacroiliitis, acute flare-ups of low back and leg pain, insomnia due to pain, flare-ups of neck and right shoulder pain, trigger points in the right anterscapular region, right trapezius and levator scapula, depression secondary to industrial injury, gastroesophageal reflux secondary to medications, and gastritis and severe abdominal pain due to medications. Patient's medications, per UR letter dated 10/07/14 include Robaxin, Cialis, Norco, Lidoderm Patch, and Menthol Gel. Patient's work status was not specified. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS page 63-66 under ANTISPASMODICS for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties In this case, the only medical reports available were UDS test results and two appeal reports to utilization review denial. It is unclear how long the patient has been utilizing Robaxin. In appeal report dated 12/08/14, treater states that Robaxin provided 60% relief with increased performance of daily living. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, MTUS recommends non-sedating muscle relaxants for a short period of time and the requested 30 tablets, in addition to previous unknown usage does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Cialis 20 MG 1 By Mouth Every Day #10: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Polity Bulletin No. 0007.

Decision rationale: The patient presents with low back pain, rated 6/10, radiating to the bilateral lower extremities down to the feet with numbness, tingling and spasms. The request is for CIALIS 20 MG 1 BY MOUTH EVERY DAY # 10. Patient is status post lumbar spine surgery, date unspecified. Per 12/08/14 appeal report, patient's diagnosis include status post fusion L4-L5 and L5-S1 with residual back and leg pain, transitional syndrome at L3-L4 with disc protrusion and central stenosis, facet hypertrophy at L3-L4 bilaterally, disc protrusion at L5-S1 level with moderate neural foraminal stenosis and bilateral L5 nerve impingement, chronic neuropathic bilateral lower extremity pain, anterior abdominal pain, rule out hernia, chronic pain syndrome, on long term opioid pain killers, erectile dysfunction secondary to surgery versus chronic opioid intake, status post hardware blocks with 50% relief, right shoulder bursitis, right shoulder rotator cuff tendonitis, right sacroiliitis, acute flare-ups of low back and leg pain, insomnia due to pain, flare-ups of neck and right shoulder pain, trigger points in the right anterscapular region, right trapezius and levator scapula, depression secondary to industrial injury, gastroesophageal reflux secondary to medications, and gastritis and severe abdominal pain due to medications. Patient's medications, per UR letter dated 10/07/14 include Robaxin, Cialis, Norco, Lidoderm Patch, and Menthol Gel. Patient's work status was not specified. MTUS, ODG and ACOEM are silent on Cialis. FDA indications/boxed label state that Cialis is approved to treat erectile dysfunction. AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychological evaluation is required. In this case, the only medical reports available were UDS test results and two appeal reports to utilization review denial. It is unclear how long the patient has been utilizing Cialis, as the treater does not discuss this medication in the appeal report. In regards to the request for Cialis, the guidelines do not support performance-enhancing drugs. Therefore, the request IS NOT medically necessary.

Lidoderm Patch 5 Percent Patch 1-2 12 Hours On and 12 Hours Off: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 112.

Decision rationale: The patient presents with low back pain, rated 6/10, radiating to the bilateral lower extremities down to the feet with numbness, tingling and spasms. The request is for LIDODERM PATCH 5 PERCENT PATCH 1-2 12 HOURS ON AND 12 HOURS OFF. Patient is status post lumbar spine surgery, date unspecified. Per 12/08/14 appeal report, patient's diagnosis include status post fusion L4-L5 and L5-S1 with residual back and leg pain, transitional syndrome at L3-L4 with disc protrusion and central stenosis, facet hypertrophy at L3-L4 bilaterally, disc protrusion at L5-S1 level with moderate neural foraminal stenosis and bilateral L5 nerve impingement, chronic neuropathic bilateral lower extremity pain, anterior abdominal pain, rule out hernia, chronic pain syndrome, on long term opioid pain killers, erectile dysfunction secondary to surgery versus chronic opioid intake, status post hardware blocks with 50% relief, right shoulder bursitis, right shoulder rotator cuff tendonitis, right sacroiliitis, acute flare-ups of low back and leg pain, insomnia due to pain, flare-ups of neck and right shoulder

pain, trigger points in the right anterscapular region, right trapezius and levator scapula, depression secondary to industrial injury, gastroesophageal reflux secondary to medications, and gastritis and severe abdominal pain due to medications. Patient's medications, per UR letter dated 10/07/14 include Robaxin, Cialis, Norco, Lidoderm Patch, and Menthol Gel. Patient's work status was not specified. MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." When reading ODG guidelines, it specifies that Lidocaine 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 with outcome documenting pain and function. In appeal report dated 12/08/14, treater states that the utilization of Lidoderm Patch has provided the patient with clinically meaningful pain relief without the concern of suffering further disability from his oral pain medications. It is unclear how long the patient has been utilizing Lidoderm Patches. MTUS supports the use of Lidoderm patches for localized neuropathic peripheral pain and patient is diagnosed with chronic neuropathic bilateral lower extremity pain. The patient presents with peripheral neuropathic pain, but none that is localized amenable to topical treatment. ODG Guidelines also requires documentation of the area for treatment, which the treater has not provided. Furthermore, there is no evidence of a trial of a first line therapy (tri-cyclic or SNRI anti-depressants or an AED), as required by guidelines. This request is not in line with guideline recommendations and therefore, it IS NOT medically necessary.

Menthol Gel 3.5 Percent Apply 15 Mins Before Exercise or As Directed by Doctor: Upheld

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

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

Decision rationale: The patient presents with low back pain, rated 6/10, radiating to the bilateral lower extremities down to the feet with numbness, tingling and spasms. The request is for MENTHOL GEL 3.5 PERCENT APPLY 15 MINS BEFORE EXERCISE OR AS DIRECTED BY DOCTOR. Patient is status post lumbar spine surgery, date unspecified. Per 12/08/14 appeal report, patient's diagnosis include status post fusion L4-L5 and L5-S1 with residual back and leg pain, transitional syndrome at L3-L4 with disc protrusion and central stenosis, facet hypertrophy at L3-L4 bilaterally, disc protrusion at L5-S1 level with moderate neural foraminal stenosis and bilateral L5 nerve impingement, chronic neuropathic bilateral lower extremity pain, anterior abdominal pain, rule out hernia, chronic pain syndrome, on long term opioid pain killers, erectile dysfunction secondary to surgery versus chronic opioid intake, status post hardware blocks with 50% relief, right shoulder bursitis, right shoulder rotator cuff tendonitis, right sacroiliitis, acute flare-ups of low back and leg pain, insomnia due to pain, flare-ups of neck and right shoulder pain, trigger points in the right anterscapular region, right trapezius and levator scapula, depression secondary to industrial injury, gastroesophageal reflux secondary to medications, and gastritis and severe abdominal pain due to medications. Patient's

medications, per UR letter dated 10/07/14 include Robaxin, Cialis, Norco, Lidoderm Patch, and Menthol Gel. Patient's work status was not specified. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. In appeal report dated 12/08/14, treater states that topical analgesic [Menthol Gel] will be helpful in temporary relieving the patient's minor aches and muscle pain associated with arthritis, strains, muscle soreness and stiffness and that the use of this medication will be particularly helpful in minimizing the patient's symptoms prior to his activities and exercises. However, the guidelines do not support the use of topical NSAIDs for spinal and shoulder conditions, which the patient presents with. Therefore, the request IS NOT medically necessary.