

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0217311 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 04/30/2001 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 12/20/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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 65 year old male, who sustained an industrial injury on 4/30/01. The mechanism of injury was not provided. He has reported pain in the neck, back, bilateral upper extremities and right lower extremity. The diagnoses have included cervical and lumbar radiculopathy and right knee meniscectomy. Treatment to date has included electrodiagnostic studies, cervical epidural injections and oral medications. Medications included Neurontin 400 mg 1 capsule 3 time a day, Norco 10/325 mg 1 tablet as needed every 6 hours, Ambien CR 12.5 mg 1 at bedtime, Lidoderm 5% patches 2 patches to skin remove after 12 hours, Klonopin 1 mg tablet 3 times a day as need, and Enablex 7.5 mg twice a day. Surgical history included knee surgeries times 3, carpal tunnel release, tarsal tunnel release and forearm surgery. As of the PR2 dated 12/18/14, the injured worker reports persistent low back and neck pain. The treating physician requested to continue Klonopin 0.5mg #180, Ativan 1mg, Norco 10/325mg #120 x 2 refills, Ambien 12.5mg #30 x 2 refills, Lidoderm patches 5% #60 x 2 refills and Enablex 7.5mg #60 x 2 refills. On 12/20/14 Utilization Review non-certified a request for Ativan 1mg, Ambien 12.5mg #30 x 2 refills, Lidoderm patches 5% #60 x 2 refills and Enablex 7.5mg #60 x 2 refills and modified a request for Klonopin 0.5mg #180 to Klonopin 0.5mg #160 and Norco 10.325mg #120 x 2 refills to Norco 10/325mg #120 x no refill. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 12/29/14, the injured worker submitted an application for IMR for review of Klonopin 0.5mg #180, Ativan 1mg, Norco 10/325mg #120 x 2 refills, Ambien 12.5mg #30 x 2 refills, Lidoderm patches 5% #60 x 2 refills and Enablex 7.5mg #60 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #180: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker has utilized the medication since at least 08/2014. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Klonopin 0.5mg #180 is not medically necessary.

Ativan 1mg: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker has utilized the medication since at least 08/2014. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The documentation indicated the injured worker would start Ativan. There was a lack of documentation indicating a necessity for a second benzodiazepine. The request as submitted failed to indicate the frequency and quantity of the medication. Given the above, the request for Ativan 1 mg is not medically necessary.

Neurontin 300mg #90 x 2 refills: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of at least 30% to 50% pain relief and objective functional improvement. There was a lack of documented rationale for the requested refills. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 300mg #90 x 2 refills is not medically necessary.

Norco 10/325mg #120 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.dea.gov/index.shtml>.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. Refills are not permitted per the DEA due to the drug's Schedule II classification. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325mg #120 x 2 refills is not medically necessary.

Ambien 12.5mg #30 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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, Zolpidem.

Decision rationale: The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, 7-10 days. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommends. The efficacy for the requested medication was not provided. There was a lack of documented rationale for the requested 2 refills. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 12.5mg #30 x 2 refills is not medically necessary.

Lidoderm patches 5% #60 x 2 refills: Upheld

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

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

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide the injured worker had a trial and failure of first line therapy. There was a lack of documentation of objective pain relief and objective functional improvement with the use of the medication. There was a lack of documented rationale for 2 refills without re-evaluation. The request as submitted failed to indicate the body part to be treated. Given the above, the request for Lidoderm patches 5% #60 x 2 refills is not medically necessary.

Enablex 7.5mg #60 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of Obstetricians and Gynecologists of Canada, Clinical Practice Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/enablex.html>.

Decision rationale: Per drugs.com, "Enablex is used to treat the symptoms of overactive bladder such as frequent urination and incontinence." The clinical documentation submitted for review failed to provide documentation the injured worker had difficulty with an overactive bladder. The rationale for the use of the medication was not provided. The rationale for 2 refills without re-evaluation was not provided. The efficacy was not provided. The request as submitted failed to indicate the frequency for the request medication. Given the above, the request for Enablex 7.5mg #60 x 2 refills is not medically necessary.