MAXIMUS Federal Services

Case Number:	CM14-0060817		
Date Assigned:	07/11/2014	Date of Injury:	03/10/2000
Decision Date:	07/08/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 57-year-old male patient who sustained an industrial injury on 03/10/2000. A pain management follow up visit dated 01/11/2012 reported the patient with subjective complaint of pain up and down the entire spine. He has complaint of left sciatica mostly, but does also have some right sided groin pain that radiates to the feet. He reports his fourth toe numb and stinging. The Tizanidine has been working well to stop the cramps. He also reports he's been doing his stretches, then applying ice, and then applying heat. He also reports additional stress and worry about his mother who is with pneumonia and dementia. Of note, he uses Diazepam to help with insomnia, relaxation and anxiety. The following diagnoses are applied: paresthesia's left foot, muscle cramps in legs, lumbar stenosis, spondylosis and spondolisthesis. A follow up pain management visit dated 03/11/2015 reported present illness as chronic back pain, myofascial pain, chronic pain syndrome, and chronic Opioid management. The impression noted lumbago, lumbar spondylosis, and lumbar spinal stenosis with claudication, myofascial pain, and chronic pain syndrome. The plan of care involved: prescribing Morphine Sulphate ER 30mg BID and ER 15mg BID total of #60, norco10/325mg, and Voltaren gel. He will follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #30: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for VALIUM 10MG #30. RFA is dated on 04/15/14. Per 03/06/14 progress report, the patient is taking Avinza, Norco, Diazepam, Tizanidine, Voltaren gel, and Lidoderm patch. "He has not shown any aberrant behavior. His medication issues are forgetfulness and dizziness." Diagnoses include anxiety, depression and insomnia. The patient has been utilizing Valium since at least 04/30/13. Work statue is unknown. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. In this case, the 03/06/14 progress report indicates that the patient has utilized "Valium for muscle spasm, cramps, and anxiety." The treater documents this medication's efficacy, stating "medications help him." Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. MTUS guidelines do not recommend use of Valium for prolonged periods of time and state that most guidelines limit use of this medication to 4 weeks. The treater does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for NORCO 10/325MG #90. RFA is dated on 04/15/14. Per 03/06/14 progress report, the patient is taking Avinza, Norco, Diazepam, Tizanidine, Voltaren gel, and Lidoderm patch. His pain is about 4/10 to 6/10. He has not shown any aberrant behavior. His medication issues are forgetfulness and dizziness. Per 02/06/14 progress report, "All medications help him. " The patient has been utilizing Norco since at least 04/02/13. The patient underwent urine drug screenings on 07/25/13, 10/17/13, 05/01/14 and 08/27/14. Work statue is unknown. Regarding chronic opiate use, MTUS guidelines page and 89 states, "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 also requires documentation of the 4A's (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 page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, adverse effect is discussed along with urine drug screen as part of aberrant behavior monitoring. There are documentations which specifically discuss side effects. The treater provides a general statement indicating that all medications help him. But the four A's including analgesia, ADL's, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS

for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

Tizanidine 4 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for TIZANIDINE 4MG #90. RFA is dated on 04/15/14. Per 03/06/14 progress report, the patient is taking Avinza, Norco, Diazepam, Tizanidine, Voltaren gel, and Lidoderm patch. Per 02/06/14 progress report, all medications help him. Work statue is unknown. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine and supports it for low back pain, myofascial and fibromyalgia pain. In this case, the utilization review letter on 04/23/14 indicates that the patient has been utilizing Tizanidine since at least 2012. The patient does present with low back pain for which this medication may be indicated. Given the benefit from the use of this medication, and the fact that it is allowed for low back pain per MTUS, the request IS medically necessary.

Voltaren Gel 1%: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for VOLTAREN GEL 1%. RFA is dated on 04/15/14. Per 03/06/14 progress report, the patient is taking Avinza, Norco, Diazepam, Tizanidine, Voltaren gel, and Lidoderm patch. Per 02/06/14 progress report, all medications help him. Work statue is unknown. MTUS guidelines page 111 "primarily recommends topical creams for neuropathic pain when trials of antidepressants and anti-convulsants have failed." MTUS guidelines page 112 further indicates "FDA-approved agents: Voltaren Gel 1(diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). It has not been evaluated for treatment of the spine, hip or shoulder. "In this case, the patient has been applying Voltaren gel 1% locally to his painful areas for arthritic pain since at least 07/23/13. While the patient has low back pain with radicular symptoms into the foot, there is no arthritis of the foot for which this topical product may be indicated. The request IS NOT medically necessary.

Lidoderm Patches 5%: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for LIDODERM PATCHES 5%. RFA is dated on 04/15/14. Per 03/06/14 progress report, the patient is taking Avinza, Norco, Diazepam, Tizanidine, Voltaren gel, and Lidoderm patch. One of diagnoses is lumbar radiculopathy with lumbago. Per 02/06/14 progress report, all medications help him. Work statue is unknown. 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 therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When 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 with outcome documenting pain and function. In this case, the patient has been utilizing Lidoderm patches since at least 04/30/13. This patient presents with low back pain with radicular symptoms as a diagnosis. There is no documentation of localized, peripheral neuropathic pain for which this product may be indicated. Furthermore, the current request does not specify how many patches are being asked for. Therefore, the request IS NOT medically necessary.