

Case Number:	CM15-0000423		
Date Assigned:	01/12/2015	Date of Injury:	08/16/2006
Decision Date:	03/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/02/2015

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 August 16, 2006. The details of the injury and immediate symptoms were not documented in the reviewed record. He has reported chronic lower back pain with radiation to the left leg. The diagnoses have included lower back sprain and degenerative disc disease. Treatment to date has included epidural injection, chiropractic, E Stimulator, and medications. Currently, the injured worker complains of increasing lower back pain that is worse at night and interferes with sleep. The treating provider noted increased lumbar spine spasms with decreased range of motion and decreased sensation of the left foot. The treating physician requested Norco 10-325 mg x 120, Zanaflex/Tizanadine 4 mg x 30, Lidocaine patch 5% x 60, Doc Q Lace 50 mg x 120, and Celebrex 200 mg x 30. On December 23, 2014 Utilization Review certified the request for the Doc Q Lace and Celebrex. The request for the Norco was partially certified with an adjustment for the quantity, and the requests for the Zanaflex/Tizanadine and Lidocaine patches were non-certified noting the lack of documentation to support the medical necessity of the medications. The MTUS Chronic Pain Guidelines were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco/Hydrocodone/Acetaminophen 10-325 MG #120: 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 12/23/14 Utilization Review letter denies medications prescribed on the 12/9/14 medical report. This request is for use of Norco. The medical records over the prior 6-month period from 7/21/14 to 12/16/14 were reviewed. None of the available reports discuss efficacy of the medications. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more] provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function compared to baseline with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for Norco/hydrocodone/acetaminophen 10/325mg, #120 IS NOT medically necessary.

Zanaflex/Tizanidine HCL 4 MG #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; ANTISPASTICITY/ANTISPASMODIC DRUGS Pain Outcomes and Endpoints Page(s): 63-66,.

Decision rationale: The 12/23/14 Utilization Review letter denies medications prescribed on the 12/9/14 medical report. This request is for use of Zanaflex. The medical records over the prior 6-month period from 7/21/14 to 12/16/14 were reviewed. None of the available reports discuss efficacy of the medications. MTUS Chronic Pain Medical Treatment Guidelines under the topic: Muscle Relaxants for pain, on page 66 under ANTISPASTICITY/ANTISPASMODIC DRUGS for Tizanidine states this medication has FDA approval for spasticity and unlabeled use for low back pain, and notes it has been considered as a first-line option to treat myofascial pain and beneficial for fibromyalgia. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the

medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Zanaflex. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for Zanaflex/tizanidine HCl 4mg, #30 IS NOT medically necessary.

Lidocaine Patch 5 Percent #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Pain outcomes and Endpoints Page(s): 56-57,8-9.

Decision rationale: The 12/23/14 Utilization Review letter denies medications prescribed on the 12/9/14 medical report. This request is for use of Lidocaine patches. The 12/16/14 reports states the lidocaine patches were restarted. The records show the patient has been using Lidoderm patches monthly back through 5/22/14. The medical records over the prior 6-month period from 7/21/14 to 12/16/14 were reviewed. None of the available reports discuss efficacy of the medications. MTUS Chronic Pain Medical Treatment Guidelines, pages 56-57 for Lidoderm (lidocaine patch) state "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 Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient has been using Lidocaine patches for over 6-months and there is no documentation of a satisfactory response, or discussion of decreased pain, improved function or quality of life with use of the lidocaine patch. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request Lidocaine patch 5%, #60 IS NOT medically necessary.