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| Case Number: | CM15-0005099 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 03/14/1999 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 12/12/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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, Hawaii

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 53 year old female who sustained an industrial injury on 3/14/1999. She has reported a slip and fall with low back pain. The diagnoses have included spinal/lumbar degenerative disc disease, sacroiliac and low back pain, sciatic nerve lesion, lumbar radiculopathy and hip pain. Treatment to date has included physical therapy, trigger point injections, epidural steroid injections, TENS (transcutaneous electrical nerve stimulation) and medication management. Currently, the IW complains of low back pain and right hip pain. Treatment plan included Gabapentin 300 milligrams four times daily #120, Zanaflex 4 milligrams four times daily as needed #120, Norco 10/325 milligrams four times a day as needed #120 and Lidoderm patches 5% 1-3 patches daily as needed #90. On 12/12/2014, Utilization Review certified the Gabapentin, modified the Norco to #100 for weaning purposes and non-certified the Lidoderm and Zanaflex, noting the lack of medical necessity. The MTUS and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

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

Decision rationale: The patient presents with back pain. The current request is for Zanaflex 4 mg quantity 120. The treating physician states, "patient rates her pain with medications as 5.5 on a scale of 1 to 10. Patient rates her pain without medications as 9 on a scale of 1 to 10." (A.36) The MTUS Guidelines do not recommend muscle relaxants longer than 2-3 weeks. In this case, the patient has been prescribed Zanaflex since at least July 14, 2014. The current request is not supported by the MTUS guidelines as the time frame for maximum usage has been exceeded. The current request is not medically necessary and the recommendation is for denial.

Norco 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 72-92.

Decision rationale: The patient presents with back pain. The current request is for Norco 10/325mg quantity 120. The treating physician states, "Patient rates her pain with medications as 5.5 on a scale of 1 to 10. Patient rates her pain without medications as 9 on a scale of 1 to 10. Patient denies any other symptoms other than pain. No new problems or side effects. Her activity level as decreased." (A.36) MTUS pages 88, 89 states "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." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, the patient has been prescribed Norco since at least July 14, 2014 (A.71). In this case, the treating physician has documented before and after pain scales and stated that there are no side effects or aberrant behaviors in the review of systems. However, the treating physician does not document any functional improvement with opioid usage and there is no discussion regarding any improvement in the patient's ADLs with opioid usage. The current request is not medically necessary as the MTUS criteria for continued opioid usage has not been documented. The recommendation is for denial.

Lidoderm 5% quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 117-118.

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

Decision rationale: The 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 treating physician has recommended Lidoderm patches for lower back pain which is not supported by MTUS. The current request is not medically necessary and the recommendation is for denial.