

Case Number:	CM15-0107111		
Date Assigned:	06/11/2015	Date of Injury:	03/19/2013
Decision Date:	09/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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:

This 54 year old male sustained an industrial injury to the low back and foot on 4/5/13. Previous treatment included magnetic resonance imaging, physical therapy, transcutaneous electrical nerve stimulator unit, heating pads, home exercise and medications. In a PR-2 dated 5/18/15, the injured worker complained of low back pain with radiation to the right leg associated with occasional weakness. The injured worker reported that medications helped with pain about 40%. The injured worker reported that Neurontin was helpful for managing his neuropathic pain, Lunesta improved his sleep and Tramadol allowed him to maintain functionality, clean his house and wash dishes. Lidopro ointment helped to reduce his Tramadol intake. Physical exam was remarkable for tenderness to palpation in the lumbar paraspinal musculature with decreased lumbar spine range of motion. Current diagnoses included lumbar spine degenerative disc disease, lumbar spine radiculitis, foot sprain/strain, hypertension, right sacroiliac joint dysfunction and muscle spasms. The treatment plan included discontinuing Naproxen Sodium due to hypertension, continuing transcutaneous electrical nerve stimulator unit and refilling medications (Gabapentin, Lunesta, Lidopro ointment and Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids, Tramadol Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 54 year old patient complains of lower back pain radiating to the right leg with minimal weakness, as per progress report dated 05/18/15. The request is for TRAMADOL 37.5/325mg, #30. The RFA for this request is dated 05/18/15, and the patient's date of injury is 03/19/13. Diagnoses, as per progress report dated 05/18/15, included lumbar degenerative disc disease, lumbosacral radiculitis, foot sprain/strain, hypertension, diabetes, right SI joint dysfunction, and muscle spasm. Medications included Gabapentin, Tramadol, Lidopro cream, Lunesta, Metformin, Atenolol, Flomax, Protonix, and Doxazosin. EMG/NCV, dated 02/01/14, revealed right L4, L5 radiculopathy. The patient has been allowed to return to modified work, as per progress report dated 04/20/15. MTUS Guidelines, pages 88 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 4As (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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, a prescription for Tramadol is first noted in progress report dated 04/20/15. In the report, the treater states that the patient "in the past has taken with good results, he is not well controlled with pain [pain] since he has to DC NSAIDs secondary to not well controlled HTN." In progress report dated 05/18/15, the treater states that medications help reduce pain by 40% with no side effects. As per the report, Tramadol keeps his functionality. He is able to clean his house and washing dishes. The patient signed a narcotic agreement on 05/05/15. There is no aberrant behavior and UDS is consistent. Given the clear impact of Tramadol on the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, the request is medically necessary.

Gabapentin 100mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs section Page(s): 18-19.

Decision rationale: The 54 year old patient complains of lower back pain radiating to the right leg with minimal weakness, as per progress report dated 05/18/15. The request is for GABAPENTIN 100mg (UNKNOWN QUANTITY). The RFA for this request is dated 05/18/15, and the patient's date of injury is 03/19/13. Diagnoses, as per progress report dated 05/18/15, included lumbar degenerative disc disease, lumbosacral radiculitis, foot sprain/strain,

hypertension, diabetes, right SI joint dysfunction, and muscle spasm. Medications included Gabapentin, Tramadol, Lidopro cream, Lunesta, Metformin, Atenolol, Flomax, Protonix, and Doxazosin. EMG/NCV, dated 02/01/14, revealed right L4, L5 radiculopathy. The patient has been allowed to return to modified work, as per progress report dated 04/20/15. MTUS has the following regarding Gabapentin on pg 18, 19, Anti-epilepsy Drugs section: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient has been taking Gabapentin at least since 02/03/15. As per progress report dated 05/18/15, medications provide 40% relief from pain. The treater also states that Gabapentin is helpful for managing his neuropathic pain. The treater, however, does not document the impact of this medication on the patient's function, as required by MTUS page 60 for all pain medications. Additionally, the request does not include quantity and MTUS does not support such open-ended requests. Hence, it is not medically necessary.

Lunesta 1mg (unknown quantity): 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), Pain Chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter states under Eszopicolone (Lunesta).

Decision rationale: The 54 year old patient complains of lower back pain radiating to the right leg with minimal weakness, as per progress report dated 05/18/15. The request is for LUNESTA 1mg (UNKNOWN QUANTITY). The RFA for this request is dated 05/18/15, and the patient's date of injury is 03/19/13. Diagnoses, as per progress report dated 05/18/15, included lumbar degenerative disc disease, lumbosacral radiculitis, foot sprain/strain, hypertension, diabetes, right SI joint dysfunction, and muscle spasm. Medications included Gabapentin, Tramadol, Lidopro cream, Lunesta, Metformin, Atenolol, Flomax, Protonix, and Doxazosin. EMG/NCV, dated 02/01/14, revealed right L4, L5 radiculopathy. The patient has been allowed to return to modified work, as per progress report dated 04/20/15. ODG-TWC, Mental & Stress Chapter states under Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. In this case, the patient has been taking Lunesta at least since 02/03/15. In the report, the treater states that heating pads are helping the patient sleep better and he sleeps 7 hours with 2-3 awakenings. In progress report dated 05/18/15, the treater states that "sleep is improved with Lunesta." ODG, however, limits the use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Additionally, the treater does not include the quantity or duration of treatment. Hence, the request is not medically necessary.

Lidopro cream (unknown dose and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105, 111-112.

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

Decision rationale: The 54 year old patient complains of lower back pain radiating to the right leg with minimal weakness, as per progress report dated 05/18/15. The request is for LIDOPRO CREAM (UNKNOWN DOSE AND QUANTITY). The RFA for this request is dated 05/18/15, and the patient's date of injury is 03/19/13. Diagnoses, as per progress report dated 05/18/15, included lumbar degenerative disc disease, lumbosacral radiculitis, foot sprain/strain, hypertension, diabetes, right SI joint dysfunction, and muscle spasm. Medications included Gabapentin, Tramadol, Lidopro cream, Lunesta, Metformin, Atenolol, Flomax, Protonix, and Doxazosin. EMG/NCV, dated 02/01/14, revealed right L4, L5 radiculopathy. The patient has been allowed to return to modified work, as per progress report dated 04/20/15. The MTUS has the following regarding topical creams (p111, Chronic Pain guidelines, Topical Analgesics section): 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. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, the use of Lidopro cream is first noted in progress report dated 04/20/15. In progress report dated 05/18/15, the treater states that medications help reduce the pain by 40%. The treater also states that "Lidopro ointment is very helpful and keeps his Tramadol intake minimally. It also helps with neuropathic pain in LE." The treater, however, does not document the efficacy of the cream in terms of improvement in function. Additionally, MTUS guidelines do not support any other formulation of Lidocaine other than the topical patch, and the request does not include quantity and duration of treatment. Hence, the request is not medically necessary.

Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

Decision rationale: The 54 year old patient complains of lower back pain radiating to the right leg with minimal weakness, as per progress report dated 05/18/15. The request is for durable medical equipment (dme) transcutaneous electrical nerve stimulation (tens) unit (purchase). There is no RFA for this request, and the patient's date of injury is 03/19/13. Diagnoses, as per progress report dated 05/18/15, included lumbar degenerative disc disease, lumbosacral radiculitis, foot sprain/strain, hypertension, diabetes, right SI joint dysfunction, and muscle

spasm. Medications included Gabapentin, Tramadol, Lidopro cream, Lunesta, Metformin, Atenolol, Flomax, Protonix, and Doxazosin. EMG/NCV, dated 02/01/14, revealed right L4, L5 radiculopathy. The patient has been allowed to return to modified work, as per progress report dated 04/20/15. For TENS unit, MTUS guidelines, on page 116 and Transcutaneous Electrotherapy section, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that there is evidence that other appropriate pain modalities have been tried (including medication) and failed. Also, the recommended trial period is for only 30 days. In this case, the patient has been using a TENS unit for several months, as indicated by progress report dated 02/03/15 in which the treater asks the patient to continue TENS unit. In progress report dated 05/18/15, the treater states that he has been using TENS, heating pad, self TPT and helpful, and requests for TENS patches. RFA, dated 05/18/15, also states that the request is for TENS patches. It appears that the patient already has a unit. However, it is not clear if this a rental one or if the patient owns it. The treater does not document specific increase in function and reduction in pain due to prior use and there is no treatment plan with short- and long-term goals. Hence, the request for TENS unit purchase is not medically necessary.