

Case Number:	CM15-0130205		
Date Assigned:	07/16/2015	Date of Injury:	04/14/2006
Decision Date:	09/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male, who sustained an industrial injury on 04/14/2006. According to a progress report dated 05/19/2015, the injured worker had a history of prior lumbar surgery in 2010. He did well throughout postoperative periods except for persistent right thigh pain which was moderately controlled with his current medication regimen. Throughout his recent follow up visits, he had reported a sharp and burning sensation over the lateral aspect of his right thigh. This had become severe at times when he had failed to respond to his pain medication regimen. He underwent a trigger point injection on January 21, which had provided significant relief in his back pain as well as burning sensation to his feet. Since his last visit in February, he underwent a right-sided L4-5 facet injection on February 16 when he had a gross improvement in his thigh pain, more on the right side. The injection did not improve distal lower extremity pain. On March 23, he underwent a second series at bilateral L3-4 and had a fair degree of pain relief in both legs with improvement of his numbness as well. Both injections lasted about a week. He reported bilateral leg pain, burning sensation and numbness had returned and was persistent, worse with prolonged walking and lying down. Back pain increased with prolonged sitting. Current medications included Oxycontin 40 mg ER 2 tabs three times a day, Norco 10/325 mg 1 tablet as needed for pain twice a day, Soma 350 mg 1 tablet as needed at bed time, Lidoderm 5% patch 1 patch to intact skin remove after 12 hours once a day and Docusate Sodium 100 mg capsule 1 capsule as needed twice a day. Diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and Tarlov's cyst. The treatment plan included a referral to pain management-physiatry for facet joint injections. On 05/26/2015, the injured

worker complained of low back pain and pain in both ankles. The injured worker requested pain medication refills. Current pain level was 7-8 on a scale of 1-10. Medications were well tolerated with no side effects. Medications helped 30-40 percent. He was not working. He could sit for 15 minutes and stand for 30 minutes. Current sleep was 3-4 hours per night. Prescriptions were written for Docusate Sodium 100 mg 1 by mouth twice a day #60, Lidoderm patch 5% 2 patches every day 12 hours on 12 hours off #60, Soma 350 mg 1 by mouth three times a day #90, Oxycontin 40 mg 2 by mouth three times a day and Norco 10/325 mg 1 by mouth every 4 hours as needed #150. Currently under review is the request for Lidoderm patch 5% #60, Soma 350 mg #90, Docusate sodium 100 mg #60, Oxycontin 40 mg #180 and Norco 10/325 mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Topical Analgesics Page(s): 9, 111-113.

Decision rationale: CA MTUS Guidelines state that 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. According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines recommend topical Lidocaine only in the form of the Lidoderm patch for localized peripheral pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there is documentation of allergies to Neurontin, Lyrica and Cymbalta. There was no discussion of trial and failure with other first line options. Records do not indicate that the injured worker has post-herpetic neuralgia. In addition, the treating physician did not indicate the site of application. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested medical treatment is not medically necessary.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management-Muscle Relaxants-Antispasmodics-Carisoprodol Page(s): 9, 63-65.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs (nonsteroidal anti-inflammatory drugs) in pain and overall improvement. Also there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence. In regards to Carisoprodol (Soma, Soprodol 350, Vanadom, generic available), guidelines stated neither of these formulation are recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a scheduled IV control substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. In this case, the injured worker had utilized Soma longer than the recommended guidelines. In addition, there was a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with use of Soma. Medical necessity has not been established. The requested treatment is not medically necessary.

Docusate sodium 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, treatment of constipation.

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-Opioid Induced Constipation Treatment.

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. Docusate Sodium is a stool softener indicated for the relief of occasional constipation (irregularity). According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, opioids were not approved. Medical necessity of the requested treatment has not been established. The requested medication is not medically necessary.

Oxycontin 40mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioids, Opioid Dosing Page(s): 9, 78, 86.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that 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. Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case there was no discussion of current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. Guidelines state that rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. The guidelines state that the actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. In this case, there was no documentation of the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with use of Oxycontin. The injured worker's medication regimen of Norco and Oxycontin exceeded recommended guidelines for dosing. Medical necessity for the requested treatment was not established. The requested treatment is not medically necessary.

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioids, Opioid Dosing Page(s): 9, 78, 86.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that 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. Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case there was no discussion of current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. Guidelines state that rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. The guidelines state that the actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. In this case, there was no documentation of the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with use of Norco. The injured worker's medication regimen of Norco and Oxycontin exceeded recommended guidelines for dosing. Medical necessity for the requested treatment was not established. The requested treatment is not medically necessary.