

Case Number:	CM15-0134822		
Date Assigned:	07/23/2015	Date of Injury:	03/07/1997
Decision Date:	09/15/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 72 year old male who sustained an industrial injury on 3/7/97. The injured worker was diagnosed as having chronic low back pain and lumbosacral radiculopathy. Currently, the injured worker was with complaints of low back pain with radiation to the right lower extremity. Previous treatments included oral pain medication, oral muscle relaxants, oral non-steroidal anti-inflammatory drugs, topical analgesics, transcutaneous electrical nerve stimulation unit, lumbar traction, and home exercise program. Previous diagnostic studies included electromyography and nerve conduction velocity study (2/8/06). The injured work status was noted as permanent disability. The injured workers pain level was noted in the 6/4/15 as 5/10 with the use of medications and 9/10 without the use of medications. Physical examination was notable for lumbosacral paraspinal muscles with tightness and tenderness, positive left straight leg raise. The plan of care was for Vicodin 5/300 milligrams quantity of 60, Neurontin 800 milligrams quantity of 60, Soma 350 milligrams quantity of 60, a urine drug screen, Lidocaine 5% patch quantity of 60, Relafen 750 milligrams quantity of 60, Prilosec 20 milligrams quantity of 60 and Voltaren gel 300 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for chronic pain, opioid weaning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 76-80.

Decision rationale: The request is for Vicodin 5/300 milligrams quantity of 60. The injured worker was with complaints of low back pain with radiation to the right lower extremity. CA MTUS discourages long term usage unless there is evidence of "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 last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." CA MTUS Guideline Citation: Title 8, California Code of Regulations, 9792.20 et seq. Effective July 18, 2009 pg. 1 indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. 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. Provider documentation did not note the injured workers pain assessment in the 12/16/14, 1/15/15, 2/12/15, or the 7/2/15 progress notes. Provider documentation from 2012 notes the use of Vicodin indicating chronic use. As such, the request for Vicodin 5/300 milligrams quantity of 60 is not medically necessary.

Neurontin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The request is for Neurontin 800 milligrams quantity of 60. The injured worker was with complaints of low back pain with radiation to the right lower extremity. CA MTUS recommendations state that Gabapentin is effective in treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical documentation submitted for review failed to provide documentation of the injured workers functional response to the medication and as such, failed to indicate the its efficacy. As such, the request for Neurontin 800 milligrams quantity of 60 is not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma) Page(s): 63-64 and 29.

Decision rationale: The request is for Soma 350 milligrams quantity of 60. The injured worker was with complaints of low back pain with radiation to the right lower extremity. CA MTUS states Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAID has no demonstrated benefit, although they have been shown to be useful as antispasmodics. CA MTUS guidelines do not support the chronic use of Soma. Soma is indicated only for short term use with reservation. There is no indication for continued use of Soma in the chronic setting based upon the guideline criteria. Provider documentation dated 6/5/14 shows a prescription for Soma 350 milligrams indicating long term use. Additionally, the injured worker was prescribed a different muscle relaxant (Flexeril 7.5 mg) prior to the initiation of Soma. As such, the request for Soma 350 milligrams quantity of 60 is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid misuse of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); Urine Drug Screen (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 77-78.

Decision rationale: The request is for a urine drug screen. The injured worker was with complaints of low back pain with radiation to the right lower extremity. CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. As the opioids were found to be medically unnecessary, the request for a urine drug screen is not medically necessary.

Lidocaine 5% patch #60: Upheld

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

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

Decision rationale: The request is for Lidocaine 5% patch quantity of 60. The injured worker was with complaints of low back pain with radiation to the right lower extremity. CA MTUS recommendations state that topical lidocaine may be recommended for localized peripheral pain after evidence of a trial of a first-line therapy (try-cyclic or SNRI anti-depressant or an AED such as gabapentin or Lyrica). MTUS specifies that topical lidocaine is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. CA MTUS recommendations state that topical analgesics are largely experimental and primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. CA MTUS further states There is little to no research to support the use of many of these agents. Provider documentation dated 6/5/14 discontinued the Lidocaine 4% patches due to skin irritation. On 11/18/14 the treatment plan noted Lidocaine 5% patches for topical control of pain with no indication to why the provider restarted the previously discontinued Lidocaine patch. As such, the request for Lidocaine 5% patch quantity of 60 is not medically necessary.

Relafen 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): s 67-78.

Decision rationale: The request is for Relafen 750 milligrams quantity of 60. The injured worker was with complaints of low back pain with radiation to the right lower extremity. CA MTUS recommends the lowest dose NSAID for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. CA MTUS recommends NSAIDs as a second-line treatment after acetaminophen and as a short term option. Provider documentation fails to provide the efficacy of the requested medication. CA MTUS Guideline Citation: Title 8, California Code of Regulations, 9792.20 et seq. Effective July 18, 2009 pg. 1 indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. 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. Documentation does not give evidence the clear efficacy of this medication for injured workers discomfort. Additionally, provider documentation does not note the initiation date of Relafen. As such, the request for Relafen 750 milligrams quantity of 60 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitor.

Decision rationale: The request is for Prilosec 20 milligrams quantity of 60. The injured worker was with complaints of low back pain with radiation to the right lower extremity. CA MTUS recommendations state that long term use of proton pump inhibitors have been shown to increase the risk of hip fractures. Official Disability Guide recommends proton pump inhibitor for patients at risk for gastrointestinal events. "In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all." Provider documentation noted the injured worker was with gastrointestinal upset which was controlled with Prilosec. With the discontinuation of oral NSAIDs, the request for Prilosec 20 milligrams quantity of 60 is not medically necessary.

Voltaren gel 300g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The request is for Voltaren gel 300 grams. The injured worker was with complaints of low back pain with radiation to the right lower extremity. Voltaren Gel 1% is a NSAID in topical form. CA MTUS Chronic Pain Guidelines indicate that topical NSAIDS are indicated for osteoarthritis of the knees, elbow or other joints that are amenable to topical treatments. The guidelines further state that Voltaren Gel is "indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbows, foot, hand, knee, and wrist)." Provider documentation did not note a diagnosis of osteoarthritis in the records submitted. As such, the request for Voltaren gel 300 grams is not medically necessary.