

Case Number:	CM15-0138234		
Date Assigned:	08/18/2015	Date of Injury:	06/17/1991
Decision Date:	09/23/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/16/2015

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 (IW) is a 59 year old female who sustained an industrial injury on 06/17/1991. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having: Reflex sympathetic dystrophy of lower extremities. Degeneration of lumbosacral intervertebral disc. Major depression, single episode. Psychophysiologic disorder. Treatment to date has included oral and topical pain medications, compound creams, and Lidoderm patches. Current oral medications include Vicodin, Tizanide, Ibuprofen, Neurontin, Valium, and Lyrica. She also has prescriptions for Lidoderm patches and compounded topical creams. Currently, the injured worker complains of bilateral low back pain radiating to both lower extremities and the right toes. Pain is rated as an 8-9 on a scale of 0-10, and is noted to be constant burning, stabbing, stinging, throbbing and tightness. The pain is aggravated by twisting, lumbar flexion, and transfer from sitting to standing. According to the provider notes of 06-11-2015, the lower back pain is reported as worsening with treatment and has limited benefit from Lidoderm patch, compound cream or ibuprofen. The chronic regional pain syndrome-reflex-sympathetic dystrophy in the right lower extremity from the hip to the foot is stable with treatment. Response to Lyrica (for neuropathic pain) includes ringing in the ears and questionable memory issues. Pain is reported as constant but variable in intensity and reported as numbness. The treatment plan includes continuation of medications and a Medrol dose pack. A right lumbar sympathetic nerve block is planned. A request for authorization was submitted for: 1. LA pain cream 10% Ketoprofen/10% Lidocaine 10%/Ketamine 6% Gabapentin in transdermal base cream #60 with 2 refills. 2. Vicodin ES 7.5mg 300mg

#30. 3. Vicodin ES 7.5mg 300mg #30. 4. Medrol (Pack) 4mg dose pack of 21. 5. Lidoderm 5% (700mg/patch) #30 with 2 refills. 6. Tizanidine 4 mg #60 with 2 refills. 7. Valium 10mg #30 with 2 refills. 8. Ibuprofen 800mg #60 with 2 refills. 9. Follow up visit. 10. Right lumbar sympathetic nerve block. 11. Lyrica 50mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

LA pain cream 10% Ketoprofen/10% Lidocaine 10%/Ketamine 6% Gabapentin in transdermal base cream #60 with 2 refills: Upheld

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

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

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with increased burning pain of the right lower extremities with temperature and color changes. The treater has asked for LA pain cream 10% Ketoprofen/10% Lidocaine 10%/Ketamine 6% Gabapentin in transdermal base cream #60 with 2 refills but the requesting progress report is not included in the documentation. The request for authorization was not included in provided reports. The patient had a sympathetic block on 8/25/14 which enabled her to continue her home exercise program, lose weight, and have improved gait per 6/8/15 report. The patient manages her CRPS with regular medications including Valium, Tizanidine, LA Pain cream, Lidoderm, Lyrica, Motrin, and Vicodin per 6/8/15 report. The patient is currently unemployed. The MTUS has the following regarding topical creams (p111, Topical analgesic section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." In this case, none of the progress reports discuss the request. The patient has been using LA pain cream since at least 12/12/14. There is no documentation of efficacy in terms of reduction in pain and improvement in function. MTUS does not support the use of Gabapentin, or Lidocaine in topical form. Furthermore, the Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, the entire compounded cream IS NOT medically necessary.

Vicodin ES 7.5mg 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with increased burning pain of the right lower extremities with temperature and color changes. The treater has asked for Vicodin ES 7.5mg 300mg #30 on but the requesting progress report is not included in the documentation. The request for authorization was not included in provided reports. The patient had a sympathetic block on 8/25/14 which enabled her to continue her home exercise program, lose weight, and have improved gait per 6/8/15 report. The patient manages her CRPS with regular medications including Valium, Tizanidine, LA Pain cream, Lidoderm, Lyrica, Motrin, and Vicodin per 6/8/15 report. The patient is currently unemployed. 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 5/11/15, the patient has chronic cervical pain radiating to the upper extremities, as well as pain in the hip. In this case, the treater has requested Vicodin. The patient is taking Vicodin as of 12/12/14 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. An opioid contract was signed on 12/11/14, and a urine drug screen done on 9/11/14 was within normal limits. However, there is no CURES report. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.

Medrol (Pack) 4mg dose pack of 21: 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 (Acute & Chronic): Oral corticosteroids (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter under Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with increased burning pain of the right lower extremities with temperature and color changes. The treater has asked for Medrol (Pack) 4mg dose pack of 21 on but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient had a sympathetic block on 8/25/14 which enabled her to continue her home exercise program, lose weight, and have improved gait per 6/8/15 report. The patient manages her CRPS with regular medications

including Valium, Tizanidine, LA Pain cream, Lidoderm, Lyrica, Motrin, and Vicodin per 6/8/15 report. The patient is currently unemployed. ODG under its low back chapter states not recommended for chronic pain. "There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)" In this case, a request for Medrol Dosepak is not noted in any progress reports provided. The treater does not explain the purpose of this request. ODG guidelines support the use of Medrol Dosepak for acute radicular pain but in this case, the patient has not experienced such symptoms in the documentation. The guidelines do not support Medrol for chronic pain. The request IS NOT medically necessary.

Lidoderm 5% (700mg/patch) #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 55-57.

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with increased burning pain of the right lower extremities with temperature and color changes. The treater has asked for Lidoderm 5% (700mg/patch) #30 with 2 refills on but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient had a sympathetic block on 8/25/14 which enabled her to continue her home exercise program, lose weight, and have improved gait per 6/8/15 report. The patient manages her CRPS with regular medications including Valium, Tizanidine, LA Pain cream, Lidoderm, Lyrica, Motrin, and Vicodin per 6/8/15 report. The patient is currently unemployed. MTUS Chronic pain guidelines page 56-57 regarding Lidoderm (lidocaine patch) 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 under the Pain chapter regarding Lidoderm, 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. Lidoderm patches are indicated for localized pain that is neuropathic. This patient presents with lower extremities pain with temperature and color changes, hallmarks of CRPS. The patient does meet the indication for this medication. This requested lidocaine patches ARE medically necessary.

Tizanidine 4 mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with increased burning pain of the right lower extremities with temperature and color changes. The treater has asked for Tizanidine 4 mg #60 with 2 refills on but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient had a sympathetic block on 8/25/14, which enabled her to continue her home exercise program, lose weight, and have improved gait per 6/8/15 report. The patient manages her CRPS with regular medications including Valium, Tizanidine, LA Pain cream, Lidoderm, Lyrica, Motrin, and Vicodin per 6/8/15 report. The patient is currently unemployed. MTUS Chronic Pain Guidelines pg. 66 under ANTISPASTICITY/ANTISPASMODIC DRUGS states the following regarding Tizanidine: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)" The treater does not discuss this request in the reports provided. The patient has been taking Tizanidine since 12/12/14 report. The MTUS guidelines support the usage of Tizanidine for the treatment of myofascial pain and muscle spasms given the documentation of medication efficacy. However, in this case, the medication regimen which includes Tizanidine has remained "stable" per 4/6/15 report. Her muscle spasms are controlled by the Tizanidine per 6/8/15 report. The continuation of this medication has been substantiated. The request IS medically necessary.

Valium 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Benzodiazepines.

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

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with increased burning pain of the right lower extremities with temperature and color changes. The treater has asked for Valium 10mg #30 with 2 refills on but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient had a sympathetic block on 8/25/14 which enabled her to continue her home exercise program, lose weight, and have improved gait per 6/8/15 report. The patient manages her CRPS with regular medications including Valium, Tizanidine, LA Pain cream, Lidoderm, Lyrica, Motrin, and Vicodin per 6/8/15 report. The patient is currently unemployed. MTUS Guidelines under Benzodiazepines on page 24 states, "Not recommended for long-term use because long-term efficacy is unproven and there

is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG, Pain Chapter, under Benzodiazepine: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. This is a request for Valium which the patient has been using since 12/12/14. The patient uses Valium for muscle spasms per 6/8/15 report. Since neither MTUS and ODG support the long-term use of benzodiazepines, the current request for #30 with 2 refills exceed guideline recommendations. Hence, this request IS NOT medically necessary.