

Case Number:	CM15-0141821		
Date Assigned:	07/31/2015	Date of Injury:	07/06/1989
Decision Date:	09/21/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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 is a 57 year old female who sustained an industrial/work injury on 7-6-89. She reported an initial complaint of back pain. The injured worker was diagnosed as having failed lumbar decompression surgery and lumbar retrolisthesis. Treatment to date includes medication and diagnostics. Currently, the injured worker complained of persistent low back pain rated 7-8 out of 10 without medication and 4 out of 10 with medication. The pain radiated down both legs with weakness and numbness and worse on the left. Per the primary physician's report (PR-2) on 6/8/15, exam revealed tenderness and increased tone in the lumbar paraspinals and quadratus lumborum, toe walk was positive bilaterally. The requested treatments include Norco (hydrocodone) 10/325 mg, Restoril (Temazepam) 15 mg, Kera-Tek gel (methyl salicylate/menthol) 4 oz, and Flexeril (Cyclobenzaprine HCL hydrochloride) 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (hydrocodone) 10/325 mg Qty 90, 1 tab every 8 hrs as needed: Overturned

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

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: The 57 year old patient complains of lower back pain, rated at 7-8/10, radiating down to both legs to produce numbness and weakness, as per progress report dated 06/15/15. The request is for Norco (Hydrocodone) 10/325 mg Qty 90, 1 tab every 8 hrs as needed. The RFA for the case is dated 06/17/15, and the patient's date of injury is 07/06/89. Diagnoses, as per progress report dated 06/17/15, included lumbar disc herniation, failed lumbar decompression surgery, retrolisthesis at L5 over S1 along with osteocyte complex from L3-4 to L5-S1 and moderate to severe neural foraminal stenosis at left L3-4 and bilateral L5-S1. The patient is status post lumbar surgery in 1992-93 and status post another lumbar surgery on 2002, as per progress report dated 02/12/15. The patient is working with some restrictions, as per the report 06/15/15. 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." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription of Norco/Vicodin is first noted in progress report dated 01/09/14. The patient has been taking the medication consistently at least since then. As per progress report dated 06/15/15, Norco helps reduce pain from 9/10 to 4/10. Although the treater does not provide specific examples that indicate improvement in function, the patient is working with restrictions which include stretching for 10 minutes every hour, demonstrating high function. Progress reports dated 02/12/15 and 06/15/15 state that samples were collected for UDS screening but no recent test results were available for review. No CURES report is available for review as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects. Nonetheless, given the impact of the opioid on pain and the patient's ability to work, the request appears reasonable and is medically necessary.

Restoril (Temazepam) 15 mg Qty 30, 1 tab every night: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter under Benzodiazepine.

Decision rationale: The 57 year old patient complains of lower back pain, rated at 7-8/10, radiating down to both legs to produce numbness and weakness, as per progress report dated 06/15/15. The request is for Restoril (Temazepam) 15 mg Qty 30, 1 tab every night. The RFA for the case is dated 06/17/15, and the patient's date of injury is 07/06/89. Diagnoses, as per progress report dated 06/17/15, included lumbar disc herniation, failed lumbar decompression surgery, retrolisthesis at L5 over S1 along with osteocyte complex from L3-4 to L5-S1 and

moderate to severe neural foraminal stenosis at left L3-4 and bilateral L5-S1. The patient is status post lumbar surgery in 1992-93 and status post another lumbar surgery on 2002, as per progress report dated 02/12/15. The patient is working with some restrictions, as per the report 06/15/15. ODG guidelines, chapter 'Pain (chronic)' under 'Benzodiazepine', have the following regarding insomnia treatments: "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". The MTUS Guidelines page 24, Benzodiazepines section, states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, a prescription for Restoril is first noted in progress report dated 02/12/15. Prior progress reports document the use of Ambien. In progress report dated 06/15/15, the treater states that "Restoril helps her sleep at night". While it is evident that the patient suffers from some sleep issues, both MTUS and ODG guidelines do not support the long-term use of benzodiazepines. Hence, this request is not medically necessary.

Kera-Tek gel (methyl salicylate/menthol) 4 oz, apply thin layer 2-3 times daily (Qty unspecified): Upheld

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

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

Decision rationale: The 57 year old patient complains of lower back pain, rated at 7-8/10, radiating down to both legs to produce numbness and weakness, as per progress report dated 06/15/15. The request is for Kera-Tek gel (Methyl Salicylate/Menthol) 4 oz, apply thin layer 2-3 times daily (Qty Unspecified). The RFA for the case is dated 06/17/15, and the patient's date of injury is 07/06/89. Diagnoses, as per progress report dated 06/17/15, included lumbar disc herniation, failed lumbar decompression surgery, retrolisthesis at L5 over S1 along with osteocyte complex from L3-4 to L5-S1 and moderate to severe neural foraminal stenosis at left L3-4 and bilateral L5-S1. The patient is status post lumbar surgery in 1992-93 and status post another lumbar surgery on 2002, as per progress report dated 02/12/15. The patient is working with some restrictions, as per the report 06/15/15. The Kera-Tek gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111, Topical Analgesics section states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment". There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, a prescription for Kera-Tek gel is first noted in progress report dated 02/12/15. In progress report dated 06/15/15, the treater requests for the gel ?in an attempt to completely wean her from Norco as she cannot be weaned down to oral NSAIDs as she has gastrointestinal upset secondary to NSAID use in the past". The treater believes that topical analgesics will benefit the patient. MTUS, however, does not recommend topical NSAIDs for axial spine pain, and there is no indication of peripheral joint arthritis in this patient for which the medication is indicated. Hence, the request is not medically necessary.

Flexeril (Cyclobenzaprine HCL hydrochloride) 10 mg tab Qty 60, 1 tab every 6-8 hrs as needed: Upheld

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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The 57 year old patient complains of lower back pain, rated at 7-8/10, radiating down to both legs to produce numbness and weakness, as per progress report dated 06/15/15. The request is for Flexeril (Cyclobenzaprine HCL Hydrochloride) 10 mg tab Qty 60, 1 tab every 6-8 hrs as needed. The RFA for the case is dated 06/17/15, and the patient's date of injury is 07/06/89. Diagnoses, as per progress report dated 06/17/15, included lumbar disc herniation, failed lumbar decompression surgery, retrolisthesis at L5 over S1 along with osteocyte complex from L3-4 to L5-S1 and moderate to severe neural foraminal stenosis at left L3-4 and bilateral L5-S1. The patient is status post lumbar surgery in 1992-93 and status post another lumbar surgery on 2002, as per progress report dated 02/12/15. The patient is working with some restrictions, as per the report 06/15/15. MTUS pg 63-66 states: "Muscle relaxants section (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, Flexeril is only mentioned in progress report dated 06/15/15. Prior progress reports from 01/09/14 to 11/06/14 document the use of Soma. In the 06/15/15 report, the treater states that the Flexeril helps with muscle spasms and reduces pain from 9/10 to 5/10, thereby indicating that the patient has used the medication in the past. While the Flexeril does appear to benefit the patient, MTUS does not support long-term use of Cyclobenzaprine. Hence, the request is not medically necessary.