

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0148575 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 11/13/2014 |
| Decision Date: | 09/23/2015 | UR Denial Date: | 07/22/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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, Tennessee

Certification(s)/Specialty: Emergency 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 47-year-old male, who sustained an industrial injury on November 13, 2014. The injured worker reported performing frequent heavy lifting. The injured worker then sat down, got back, and noted increasing pain upon arising from sitting position. The injured worker was diagnosed as having lumbar disc injury, lumbar facet arthralgia, right more than left sciatica, and left sacroiliac arthralgia. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, x-rays, acupuncture, transcutaneous electrical nerve stimulation unit, and aquatic therapy. In a progress note dated July 07, 2015 the treating physician reports complaints of low back pain that radiates to the bilateral lower extremities with the left greater than the right. Examination reveals moderate pain and spasticity to the right lumbar three to four, lumbar four to lumbar five, and lumbar five to sacral one, moderate pain to the left sacroiliac joint, decreased range of motion to the lumbar spine that radiates to the right buttock, positive external hip rotation, pain with straight leg raises, positive compression of the low back at the right lumbar four to five level and at bilateral lumbar five to sacral one level. The injured worker's medication regimen included Robaxin and Norco (Vicodin), but noted the injured worker to have a cloudy mentation with use of Robaxin and drowsiness with Norco. The treating physician noted a pain level of a 0 to 2 out of 10 after a recent epidural injection, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The treating

physician noted prior lumbar epidural steroid injection that occurred approximately two months prior that relieved the injured worker's symptom of numbness and decreased the injured worker's pain level from a 4 to 8 out of 10 to a 0 to 2 out of 10. The treating physician requested the medication Skelaxin 800mg twice daily as needed with a quantity of 60 for 4 refills for less sedative effects, Ultram 50mg 1-2 twice daily with a quantity of 100 for 4 refills in place of Vicodin for less sedative effects, and Lidoderm 5% patches 12 hours on and 12 hours off with a quantity of 90 for 4 refills so that the injured worker will be able to work without the sedating effects. The treating physician requested a lumbar epidural steroid injection at bilateral lumbar five to sacral one noting that the injured worker had significant relief from prior epidural. The treating physician also requested an electromyogram with nerve conduction study to the bilateral lower extremities to evaluate for radiculopathy secondary to the injured worker's lower extremity weakness and previous dysesthesias.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg twice daily as needed #60 + 4 refills (prescribed 7/7/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 64-65.

Decision rationale: Skelaxin is metaxalone, a relatively non-sedating muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has been taking muscle relaxant medication since at least January 2015. The quantity of medication requested is sufficient for 5 months. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be medically necessary.

Ultram 50mg 1-2 twice daily #100 +4 refills (prescribed 7/7/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Ultram is the medication tramadol. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient has been receiving opioid medication since at least January 2015 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be medically necessary.

Lidoderm 5% patches 12 hours on/12 hours off #90 + 4 refills (prescribed 7/7/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Lidoderm® (lidocaine patch).

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non- neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned. (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this case, the quantity of medication prescribed is sufficient for 15 months. Initial treatment should be a trial for no more than 4 weeks. The duration of treatment surpasses the recommended short-term duration of four weeks. The request should not be medically necessary.

EMG/NCS Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Thoracic and Lumbar, Nerve Conduction Studies.

Decision rationale: Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case, there are no focal motor or sensory deficits on examination. There is no medical indication for the EMG/NCS studies. The request should not be medically necessary.

Epidural Steroid Injection Bilateral L5, S1 one time: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case, there is no documentation of physical findings that supports the diagnosis of radiculopathy. There are no imaging studies for corroboration. Criteria for lumbar epidural steroid injection have not been met. The request should not be medically necessary.