

Case Number:	CM15-0163339		
Date Assigned:	08/31/2015	Date of Injury:	09/29/1998
Decision Date:	10/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/20/2015

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 68-year-old male with an industrial injury dated 09-29-1988. His diagnoses included facet joint degeneration, myalgia and myositis, low back pain, sacroilitis and degenerative disc disease lumbar. Comorbid conditions include aortic valve replacement, atrial fibrillation congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease and history of bleeding ulcers. Prior treatment included physical therapy, home exercise program, chiropractic care, diagnostics, radio frequency ablation and medications. He presents on 08-04-2015 with back pain, which he rates as 10 out of 10 without medications. Pain with medications is rated as 6 out of 10. With medications he is able to "struggle but fulfills daily home responsibilities. No outside activities. Not able to work-volunteer." Without medications "the patient is able to get out of bed but doesn't get dressed." Physical exam noted mild pain with motion of cervical and thoracic spine. There was severe pain with motion of lumbar spine. He also noted pain with bilateral shoulder range of motion. His medications included Warfarin, Protonix, Sertraline, Buspirone, Co Q -10, Multivitamin, Norco, Miralax, Doc Q Lax and Lidoderm. Treatment request included: 1 Urine Screen. 1 Prescription of Norco 10/325 mg #180. 1 Prescription of Miralax 17 gm #527 w/ 4 refills. 1 Prescription of Lidoderm 5% (700 #30 mg 4 refills). 1 Prescription of Doc-Q-Lax 8.6 mg 50 mg #120 w/ 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #180: Upheld

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

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 current request is for 1 Urine Screen. Prior treatments included physical therapy, home exercise program, chiropractic care, diagnostics, radio frequency ablation and medications. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS, 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." MTUS CRITERIA FOR USE OF OPIOIDS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per report 08/04/15, the patient presents with severe lower back pain that radiates into the lower extremities. The listed diagnoses included facet joint degeneration, myalgia and myositis, low back pain, sacroiliitis and degenerative disc disease lumbar. His medications included Warfarin, Protonix, Sertraline, Buspirone, Co Q -10, Multivitamin, Norco, Miralax, Doc Q Lax and Lidoderm. The patient had UDS done on 04/15/15 and 08/04/15. The treater does not discuss this patient being at high risk. Guidelines support yearly urine drug screening for low-risk patients, and no rationale is provided as to why it is necessary to screen this patient more frequently. The request IS NOT medically necessary.

1 Urine Screen: Upheld

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

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 current request is for 1 Prescription of Norco 10/325 mg #180. Prior treatments included physical therapy, home exercise program, chiropractic care, diagnostics, radio frequency ablation and medications. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS, 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." MTUS CRITERIA FOR USE OF OPIOIDS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per report 08/04/15, the patient presents with severe lower back pain that radiates into the lower extremities. The listed diagnoses included facet joint degeneration, myalgia and myositis, low back pain, sacroiliitis and degenerative disc disease lumbar. His medications included Warfarin, Protonix, Sertraline, Buspirone, Co Q -10, Multivitamin, Norco, Miralax, Doc Q Lax and Lidoderm. The patient reported a decrease in pain from 10/10 to 6/10 with medications, and he is able to do simple chores around the house. Without medications, the patient is able to get out of bed, but does not get dressed. The treater states UDS are continually monitored for adherence and CURES is checked. Although the treater discusses all 4 A's as required by MTUS guidelines, long term use of opiates is not recommended for patients with chronic low back pain. Therefore, the requested Norco IS NOT medically necessary.

1 Prescription of Lidoderm 5% (700 #30m 4 refills): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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 current request is for 1 Prescription of Miralax 17 gm #527 w/ 4 refills. Prior treatments included physical therapy, home exercise program, chiropractic care, diagnostics, radio frequency ablation and medications. The patient is not working. MTUS page 77, CRITERIA FOR USE OF OPIOIDS under Initiating Therapy states, "(d) Prophylactic treatment of constipation should be initiated." It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." The patient reports severe constipation with using Norco. About Miralax, the request is appropriate. While the requested Norco is not supported for continued use and is to be weaned, the use of Miralax will be necessary to prevent constipation during the weaning period. Therefore, the request IS medically necessary.

1 Prescription of Miralax 17gm #527 w/ 4refills: Upheld

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

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

Decision rationale: The current request is for 1 Prescription of Lidoderm 5% (700 #30 mg 4 refills). Prior treatments included physical therapy, home exercise program, chiropractic care, diagnostics, radio frequency ablation and medications. The patient is not working. The MTUS under topical creams p111, Chronic Pain guidelines states: Lidocaine Indication: Neuropathic pain 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). The

FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per report 08/04/15, the patient presents with severe lower back pain that radiates into the lower extremities. The listed diagnoses included facet joint degeneration, myalgia and myositis, low back pain, sacroiliitis and degenerative disc disease lumbar. His medications included Warfarin, Protonix, Sertraline, Buspirone, Co Q - 10, Multivitamin, Norco, Miralax, Doc Q Lax and Lidoderm. In this case, there is no indication of peripheral, localized neuropathic pain for which Lidoderm is indicated. Additionally, MTUS guidelines do not support any other formulation of Lidocaine other than the topical patch. Hence, the request IS NOT medically necessary.

1 Prescription of Doc-Q-Lax 8.6mg 50mg #120 w/ 4 refills: Overturned

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

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 current request is for 1 Prescription of Doc-Q-Lax 8.6 mg 50 mg #120 w/ 4 refills. Prior treatments included physical therapy, home exercise program, chiropractic care, diagnostics, radio frequency ablation and medications. The patient is not working. Doc-Q-Lax is a combination of docusate and Senna and used to treat occasional constipation. MTUS page 77, CRITERIA FOR USE OF OPIOIDS under Initiating Therapy states, "(d) Prophylactic treatment of constipation should be initiated." It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." The patient reports severe constipation with using Norco. About Doc-Q-Lax, the request is not supported. The patient has been recommended for continued use of Miralax, for prevention of constipation during the weaning period of Norco. Another laxative is not necessary during this time. Therefore, the request IS medically necessary.