Case Number:	CM15-0183208		
Date Assigned:	09/24/2015	Date of Injury:	11/04/1997
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/17/2015

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, Hawaii
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 70-year-old female, with a reported date of injury of 11-04-1997. The diagnoses include status post L4-5 and L5-S1 fusion with low back pain, bilateral sciatica, status post bilateral total hip replacement, and a history of left L5-S1 radiculopathy with sacroiliac arthralgia. Treatments and evaluation to date have included Lidocaine cream (since at least 07-2015), Robaxin (since at least 02-2015), OxyContin (since at least 01-2015), Soma, Klonopin, lidocaine patches, lumbar hardware blocks in 01-2015, Flexeril (did not provide relief), and lumbar fusion. The diagnostic studies to date have not been included in the medical records. The follow-up evaluation report dated 07-17-2015 indicates that the injured worker had left upper back and low back pain with radiation of pain to the left more than the right side. She used a walker for assistance. It was noted that the injured worker stated that Robaxin decreased spasms, improved her sleep, and decreased her pain down the left lower extremity. She was worse with prolonged sitting, bending, and twisting. Without medications, the injured worker's pain was rated 7-8 out of 10, and with medications, the pain was rated 2 out of 10. On 05-28-2015, the injured worker noted that Lidoderm 5% decreased her pain from 6 out of 10 to 2 out of 10; and OxyContin decreased her pain to 2 out of 10. The physical examination showed dysesthesias over the left lateral foot; normal motor strength in both lower extremities; bilateral seated straight leg raise was to 50 degrees with pain referred to the low back; moderate pain over the bilateral T11 to T12, more than the pain at the L5-S1 segment; forward flexion of the lumbar spine at 50 degrees, with moderate pain; extension of the lumbar spine to 15 degrees, with slight pain; bilateral lateral flexion of the lumbar spine to 35 degrees with moderate pain on the right; and an antalgic and slow gait. It was noted that the injured worker had x-rays of the lumbar spine

On 07-07-2015 which showed decreased disc height at T11-12 with rods at T12 through S1 in place, and no hypermobility of the rods. The treatment plan included Robaxin 750mg, which provided good relief of the dysesthesias and helped the injured worker stay off Klonopin; Lidocaine 5% ointment; and OxyContin 10mg, twice a day. The injured worker has been declared permanent and stationary. The request for authorization was dated 08-14-2015. The treating physician requested Lidocaine cream 5% with six refills, Robaxin 750mg #60 with six refills, and OxyContin ER 10mg #60 with six refills. On 09-01-2015, Utilization Review (UR) non-certified the request for Lidocaine cream 5% with six refills and Robaxin 750mg #60 with six refills; and modified the request for OxyContin ER 10mg #60 with six refills to OxyContin ER 10mg #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine cream 5% #1, apply 3 times a day topically, 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with low back pain. The current request is for Lidocaine cream 5% #1, apply 3 time a day topically, 6 refills. The treating physician's report dated 07/17/2015 (25B) does not provide a discussion about the request. However, the 05/28/2015 (29B) report notes, "Lidoderm 5% was recently received, which she finds provides excellent relief, rather than the generic form." She notes the Lidoderm improved her tolerability with ambulation with apartment, and makes it easier to perform activities of daily living. The MTUS guidelines page 57 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." MTUS topical analgesics states, "No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain." In this case, while the physician has noted medication efficacy, lidocaine is not supported in creams, lotions or gel formulations. The current request is not medically necessary.

Robaxin 750mg by mouth 2 times a day #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with low back pain. The current request is for Robaxin 750mg by mouth 2 times a day #60 with 6 refills. The treating physician's report dated 07/17/2015 (25B) states, "Robaxin 500mg will continue to 750mg, which provided good relief of the dysesthesias, and helps her stay off Klonopin which has a more addictive quality." The MTUS Guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation with patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension. Medical records show that the patient was prescribed Robaxin before 02/13/2015. While the patient reports benefit with the use of this medication, long-term use is not supported by the MTUS Guidelines. The current request is not medically necessary.

Oxycontin ER 10mg by mouth 2 times a day #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with low back pain. The current request is for Oxycontin ER 10mg by mouth 2 times a day #60 with 6 refills. The treating physician's report dated 07/17/2015 (25B) states, "The patient is authorized to continue with Oxycontin 10mg. The pain without medications is 7-8/10 in severity and with medications, is 2/10 in severity." The physician notes that the patient has signed a drug contract and a urine toxicology screen will be obtained. The patient is permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. While that physician has noted before and after pain scales, there are no specific examples of ADLs to demonstrate medication efficacy. No validated instruments were used. No side effects were reported. No outcome measures were provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. In this case, the physician did not provide the proper documentation required by MTUS Guidelines for continued opiate use. The current request is not medically necessary.