

Case Number:	CM15-0191136		
Date Assigned:	10/05/2015	Date of Injury:	10/31/1996
Decision Date:	12/04/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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: Preventive Medicine, Occupational 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 53 year old male who sustained an industrial injury on 10-31-1996. A review of medical records indicates the injured worker is being treated for chronic back pain. Medical records notes increasing back pain and return of numbness in the feet and a callous like sensation in the lateral border of the feet. Physical examination noted the back is very stiff with palpable spasms paraspinous muscles. Straight leg raise was positive. Left knee had an effusion and crepitation on range of motion. Range of motion had tenderness of the joint line and under the patella. MRI of the lumbar spine dated 10-3-2006 revealed L4-5 disc protrusion with foraminal narrowing and evidence old laminectomy. Treatment has included Clonazepam, Soma, Norco, Lidoderm, and Ibuprofen since at least 12-11-2014. Utilization review form noncertified Lidoderm, modified Clonazepam, modified Norco, modified Soma, and modified Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The original reviewer modified the request with the understanding that the issues presented will be incorporated into the documentation in order that further certification can occur. Ibuprofen 600mg #120 with 1 refill is not medically necessary.

Soma 350mg #120 with 1 refill: 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): Carisoprodol (Soma).

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. The original reviewer modified the request with the understanding that the issues presented will be incorporated into the documentation in order that further certification can occur. Soma 350mg #120 with 1 refill is not medically necessary.

Norco 10/325mg #180: 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 for chronic pain.

Decision rationale: The MTUS recommends Norco for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. The original reviewer modified the request with the understanding that the issues presented will be incorporated into the documentation in order that further certification can occur. Norco 10/325mg #180 is not medically necessary.

Clonazepam 1mg #60: 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): Benzodiazepines.

Decision rationale: The MTUS states that benzodiazepines are 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. The original reviewer modified the request with the understanding that the issues presented will be incorporated into the documentation in order that further certification can occur. Clonazepam 1mg #60 is not medically necessary.

Lidoderm 5% #30 with 1 refill: 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): Lidoderm (lidocaine patch).

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not suffer from post-herpetic neuralgia or localized peripheral pain. Lidoderm 5% #30 with 1 refill is not medically necessary.