

Case Number:	CM15-0194847		
Date Assigned:	10/08/2015	Date of Injury:	06/20/2011
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/05/2015

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

Certification(s)/Specialty: Internal 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 44 year old female, who sustained an industrial injury on 6-20-2011. The injured worker is being treated for neuropathy lower extremity, sprain of knee and leg, sprain of hip and thigh, chronic pain syndrome, cervical sprain-strain, lumbar sprain-strain, and lumbar radiculopathy. Treatment to date has included surgical intervention (left knee, 2012), acupuncture, cognitive behavioral therapy, chiropractic, diagnostics, injections, pain management evaluation and treatment, physical therapy and medications. Per the most recent Primary Treating Physician's Progress Report dated 9-18-2015, the injured worker presented for reevaluation. She underwent a translaminal epidural steroid injection on 8-07-2015. She reported neck pain with headaches, low back pain radiating down the left leg, left and right hip pain and left knee pain. She rated her pain as 4-8 out of 10. Objective findings included low back pain with diffuse tenderness. Per the medical records dated 3-27-2015 to 9-18-2015 the IW has been prescribed Norco, Lidoderm patches and Lorzone since at least 3-27-2015. On 4-21-2015 her average pain was rated as 4-9 out of 10. On 6-03-2015 her pain was rated as 3-8 out of 10 and on 6-30-2015 her pain was rated as 4-8 out of 10. Per the most recent medical records, there is not documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current medications. Work status was modified. The plan of care included continuation of medications and authorization was requested for Norco 5-325mg #85, Doxepin 10mg #30, Lorzone 750mg #28 and Lidoderm patches 5% #60. On 10-02-2015, Utilization Review non-certified the request for Lorzone 750mg #28 and Lidoderm patches 5% #60 and modified the request for Norco 5-325mg #85 and Doxepin 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs) as first-line treatment for neuropathic pain. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. The injured worker is diagnosed with chronic pain syndrome. Documentation fails to show significant objective improvement in pain or level of function to establish the medical necessity for ongoing use of Doxepin. The request for ongoing use of Doxepin 10mg #30 is not medically necessary per MTUS guidelines.

Lorzone 750mg #28: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lorzone (chlorzoxazone).

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Lorzone (generic Chlorzoxazone) is recommended for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. This medication primarily works in the spinal cord and the subcortical areas of the brain. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. ODG does not recommend the use of Lorzone and FDA does not list it as an approved product. Documentation fails to indicate acute exacerbation or significant objective improvement in the injured worker's pain or functional status to justify continued use of Lorzone. The request for Lorzone 750mg #28 is not medically necessary per guidelines.

Lidoderm Patch 5% #60: Upheld

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

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

Decision rationale: Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker is diagnosed with chronic pain syndrome. Physician reports fail to demonstrate supporting evidence of significant objective improvement in the injured worker's pain to establish the medical necessity for ongoing use of Lidoderm patch. The request for Lidoderm Patch 5% #30 is not medically necessary by lack of meeting MTUS criteria.

Norco 5/325mg #85: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker is diagnosed with chronic pain syndrome. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 5/325mg #85 is not medically necessary.