

Case Number:	CM15-0197116		
Date Assigned:	10/12/2015	Date of Injury:	06/12/1965
Decision Date:	12/17/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is an 87 year old female who sustained an industrial injury on 6-12-1965. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain, status post spinal fusion L2 to the sacrum and paresthesias. Medical records (3-12-2015 to 9-9-2015) indicate ongoing low back pain rated 7 out of 10 without medications and 3-5 out of 10 with medications. Per the neurological consult dated 8-12-2015, the injured worker complained of electrical, shooting pain in both legs from toes to knees. On 9-8-2015, the physician noted that the injured worker was getting better results with the Gabapentin, but was still complaining of pain. Per the treating physician (9-9-2015), the injured worker was permanently disabled. The physical exam (9-9-2015) revealed tenderness to the right lumbar paraspinals at L5 and the quadratus lumborum. Range of motion was decreased for pelvic flexion and extension. Treatment has included multiple lumbar surgeries, physical therapy, and medications. The injured worker has been prescribed Norco and Lidoderm patches since at least 3-12-2015, Aleve since at least 5-26-2015 (Mobic was discontinued at that time) and Lorazepam since at least 8-12-2015. The original Utilization Review (UR) (9-21-2015) denied requests for Aleve and Lidoderm patches. UR modified a request for Norco from 60 tablets to 45 tablets and modified a request for Lorazepam from 30 tablets with 5 refills to 20 tablets with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Aleve 220mg with 3 refills: Upheld

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

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

Decision rationale: The claimant sustained a work injury when she slipped and fell at work more than 50 years ago in June 1965. She had persistent low back and leg pain and in 1996 was diagnosed with vertebral fractures and a lumbar disc rupture. She underwent multiple lumbar spine surgeries including a multilevel lumbar fusion from L2 to the sacrum. When seen by the requesting provider in September 2015 she was having low back pain. Physical examination findings included right lumbar and quadratus lumbar tenderness. There was decreased lower extremity strength. She had decreased range of motion and there was a decreased lumbar lordosis. Aleve was being prescribed and was increased to three times per day. Norco, Lidoderm, and lorazepam were being prescribed and were refilled. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of Aleve (naproxen) is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain. However, she is over age 65 and prescribing a nonselective agent without gastroprotection is not recommended. The dose was increased placing the claimant at further risk for a gastrointestinal event. For this reason, the request cannot be accepted as being medically necessary.

60 tablets of Norco 7.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury when she slipped and fell at work more than 50 years ago in June 1965. She had persistent low back and leg pain and in 1996 was diagnosed with vertebral fractures and a lumbar disc rupture. She underwent multiple lumbar spine surgeries including a multilevel lumbar fusion from L2 to the sacrum. When seen by the requesting provider in September 2015 she was having low back pain. Physical examination findings included right lumbar and quadratus lumbar tenderness. There was decreased lower extremity strength. She had decreased range of motion and there was a decreased lumbar lordosis. Aleve was being prescribed and was increased to three times per day. Norco, Lidoderm, and lorazepam were being prescribed and were refilled. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day,

there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

90 Lidoderm 5% patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

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

Decision rationale: The claimant sustained a work injury when she slipped and fell at work more than 50 years ago in June 1965. She had persistent low back and leg pain and in 1996 was diagnosed with vertebral fractures and a lumbar disc rupture. She underwent multiple lumbar spine surgeries including a multilevel lumbar fusion from L2 to the sacrum. When seen by the requesting provider in September 2015 she was having low back pain. Physical examination findings included right lumbar and quadratus lumbar tenderness. There was decreased lower extremity strength. She had decreased range of motion and there was a decreased lumbar lordosis. Aleve was being prescribed and was increased to three times per day. Norco, Lidoderm, and lorazepam were being prescribed and were refilled. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm 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. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.

30 Tablets Lorazepam 0.5mg with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

Decision rationale: The claimant sustained a work injury when she slipped and fell at work more than 50 years ago in June 1965. She had persistent low back and leg pain and in 1996 was diagnosed with vertebral fractures and a lumbar disc rupture. She underwent multiple lumbar spine surgeries including a multilevel lumbar fusion from L2 to the sacrum. When seen by the requesting provider in September 2015 she was having low back pain. Physical examination findings included right lumbar and quadratus lumbar tenderness. There was decreased lower extremity strength. She had decreased range of motion and there was a decreased lumbar

lordosis. Aleve was being prescribed and was increased to three times per day. Norco, Lidoderm, and lorazepam were being prescribed and were refilled. Ativan (lorazepam) is a benzodiazepine which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.