

Case Number:	CM15-0197440		
Date Assigned:	10/12/2015	Date of Injury:	12/01/1989
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 58 year old male who sustained an industrial injury on 12-01-1989. Medical records indicated the worker was treated for chronic lumbar spine pain with radiation into the right lower extremity. In the provider notes of 08-25-2015, the injured worker complains of chronic neck and low back pain that radiates into the bilateral upper and bilateral lower extremities. He described the pain as numbness and tingling. He rates his pain as a 4 on a scale of 0-10 with medications and as a 7-8 on a scale of 0-10 without medications. On examination he has an antalgic gait. According to the provider notes he shows no signs of sedation or drug seeking behavior. Guarding, spasm and tenderness are noted in the paravertebral musculature of the cervical and lumbar spines with a painful decreased range of motion on flexion, extension, and lateral rotation. Dysesthesia is noted in the C6, C7, L5, and S1 dermatomal distributions bilaterally. Deltoid and quadriceps muscle strength are 4 out of 5 bilaterally, Biceps, patella, and Achilles tendon reflexes are diminished bilaterally. There is pain with toe-walk, heel-walk, and squatting. The worker is requesting medication refills. There is no report of new injury. He has been taking Norco and using Lidoderm patches since at least 03- 10-2015. He denies any side effects or issues with his medications. There does not appear to be an opioid contract, and the documents do not contain urine toxicology screens. A request for authorization was submitted for: 1. Hydrocodone/acetaminophen 7.5/325mg #902. Lidocaine 5% (700mg) #60 9/23/20153. Orphenadrine citrate 100mg #60A utilization review decision 09-23-2015 non-certified the requests in their entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen 7.5/325mg #90: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals insufficient documentation to support the medical necessity of hydrocodone/APAP nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.

Lidocaine 5% (700mg) #60: Overturned

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 MTUS Chronic Pain Medical Treatment Guidelines p112 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). Topical lidocaine in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. 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." The medical records submitted for review indicate that the injured worker has failed treatment with gabapentin. The request is indicated for the injured worker's bilateral upper and lower extremity cutaneous neuropathic pain, which can be effectively treated with topical lidocaine. I respectfully disagree with the UR physician's denial based upon a lack of documented functional improvement. The guidelines do not mandate this for the use of topical medications. The request is medically necessary.

Orphenadrine citrate 100mg #60: 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 rationale: With regard to muscle relaxants, the MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Regarding Orphenadrine: This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. (Shariatmadari, 1975) With regard to medication history, the records indicate that the injured worker has been using this medication since at least 7/2014. As the guidelines do not recommend sedating muscle relaxants, the request is not medically necessary.