

Case Number:	CM15-0205930		
Date Assigned:	10/22/2015	Date of Injury:	10/03/2005
Decision Date:	12/29/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 48 year old female who sustained an industrial injury on October 03, 2005. The worker is being treated for: status post thoracic laminectomy for spinal cord stimulator implant August 15, 2013, status post removal of hardware 2012, revision lumbar decompression 2010, ALIF. Subjective: April 23, 2015, she reported complaint of increased back pain. She states that the "Norco is not controlling her pain well enough." She continues to have significant break through pain. May26, 2015 she reported her back pain is better controlled with the addition of Nucynta as noted with increased activity level. August 19, 2015 she reports moderate to severe back pain that is worse with increased activity, improves with medications. Objective: April 23, 2015 assessment noted lumbar spine motion restricted and does cause painful symptoms. There is "guarding with motion," and "muscle spasm present." May 18, 2015 noted with restricted lumbar motion causing painful symptoms and guarding with motion. July 08, 2015 noted the lumbar spine with tenderness to palpation and restricted range of motion causing painful symptoms. Lower extremity sensation noted decreased at L4-5 bilaterally. August 19, 2015 noted the patient with tenderness in the posterior lumbar region and range of motion mildly restricted. Her gait is found antalgic and she has myospasm in the posterior lumbar region. Medications: April 23, 2015: prescribed Norco, Robaxin, and Nucynta. May26, 2015: Norco, Robaxin, Nucynta. August 19, 2015: prescribed a 10 day supply of Norco, Robaxin, and Nucynta. August 20, 2015: prescribed Norco #40, Nucynta #20, and Robaxin, #40. August 28, 2015: Norco, Robaxin, Motrin, Lidoderm patch, Nucynta. Treatments: back surgeries 206, 2010, 2012, spinal cord stimulator placed, removal of hardware, pain management. On

September 25, 2015 a request was made for Norco 10mg 325mg #120, Lidoderm patch 5% #30, Robaxin 750mg #120, and Motrin 800mg #90 that were noncertified by Utilization Review on October 05, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: 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, criteria for use.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case there is no documentation that Norco has been effective in improving function or pain. In fact, the medical record indicates that Norco was not adequate in controlling pain. Nucynta was added and it was stated that pain was better controlled with Nucynta but justification for the continued use of Norco was not provided. There was no documented quantifiable reduction in pain or specific improvement in function in response to Norco, therefore is not medically necessary.

Robaxin 750mg, #120: 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: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Robaxin are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Robaxin is not recommended

for chronic use and specifically is not recommended for longer than 2-3 weeks. This worker has been taking Robaxin since at least May, 2015 which exceeds the guidelines. Furthermore, there was no documented quantifiable measure of improvement in pain or specific improvement in function specifically in response to Robaxin to justify the continued use, therefore is not medically necessary.

Motrin 800mg, #90: Upheld

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

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

Decision rationale: Non-steroidal anti-inflammatory drugs such as Motrin may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with non-steroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of non-steroidal anti-inflammatory drugs. The record lacks document of improvement in pain or function specifically in response to Motrin or of a trial of acetaminophen. Although the short-term use of Ibuprofen for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period of time. Therefore is not medically necessary.

Lidoderm patch 5%, #30: 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): Topical Analgesics.

Decision rationale: According to the MTUS, topical lidocaine is "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." The MTUS also states "further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In this case, the topical lidocaine is being prescribed for radiculopathy which is neuropathic pain of central origin (at the nerve root) and not peripheral. There is no indication this worker has peripheral neuropathic pain. Furthermore, there is no evidence of a trial of first-line therapy. Therefore is not medically necessary.