

Case Number:	CM15-0024313		
Date Assigned:	02/13/2015	Date of Injury:	06/13/1997
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 65 year old female, who sustained an industrial injury on June 13, 1997. The diagnoses have included lumbago with MRI reported findings of multi-level canal stenosis, evidence of neural foraminal stenosis with nerve root impingement, degenerative joint disease and degenerative disc disease. Treatment to date has included medication, radiofrequency neurotomy of L1-L5 with 50% to 80% improvement and diagnostic testing. Currently, the injured worker complains of back pain in the lumbar area, upper back and mid back. She describes the pain as aching, burning, stabbing, shooting, stiff, sore and radiation into her buttocks. She reports that her back extension, flexion and hip extension/flexion worsen her condition. She experiences back stiffness, radicular pain into the right and leg with associated weakness. On January 29, 2015 Utilization Review non-certified a request for Celebrex 200 mg #1, Lidoderm Patch 5%, #1, Lyrica 50 mg #1, Zanaflex 4 mg #1, Norco 10/325 mg #1, Lunesta 3mg #1, and CT of the lumbar spine #1, noting that with regard to Celebrex, there are no reports of intolerance or inability to tolerate COX1 NSAIDS; with regard to Lidoderm Patch, there is no documentation of the failure of oral neuropathic agents; with regard to Lyrica, there is no documentation diagnosis to support its medical necessity; with regard to Zanaflex, the guidelines do not recommend the long-term use of the muscle relaxants; with regard to Norco, the documentation did not demonstrate the objection measures or functional gains attributed to the use of Norco and there was no report discussing specific assessment regarding benefit with opioid medications; with regard to Lunesta, the documentation did not establish an insomnia work-up to support its use; and with regard to the CT of the lumbar spine, the documentation did

not establish ad progressive focal neurological deterioration or a new acute injury to support this diagnostic tool. The California Medical Treatment Utilization Schedule was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of Celebrex 200 mg #1, Lidoderm Patch 5%, #1, Lyrical 50 mg #1, Zanaflex 4 mg #1, Norco 10/325 mg #1, Lunesta 3mg #1, and CT of the lumbar spine #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p67-70 Page(s): 67-70.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic back pain with radicular symptoms. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. The claimant has a history of gastritis and guidelines recommend prescribing a selective COX- 2 medication such as Celebrex. The maximum dose is 200 mg per day. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

Lidoderm Patch 5%, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic back pain with radicular symptoms. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. 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. Therefore, Lidoderm was not medically necessary.

Lyrical 50mg, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), p18-19 (2) Medications for chronic pain, p60 Page(s): 18-19, 60.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic back pain with radicular symptoms. In terms of Lyrica, it can be recommended as an option in first-line treatment of neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the requested dosing is not consistent with guidelines recommendations and therefore not medically necessary.

Zanaflex, 4mg, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic back pain with radicular symptoms. Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. It is therefore not medically necessary.

Norco 10/325mg, #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic back pain with radicular symptoms. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, and poor pain control appears related to being unable to obtain medications. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine

equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Lunesta 3mg, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic back pain with radicular symptoms. Medications include Lunesta (eszopiclone). The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, based on the information provided, the continued prescribing of Lunesta is not medically necessary.

CT Scan of the Lumbar Spine, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), CT (computed tomography).

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic back pain with radicular symptoms. Guidelines address the role of CT scanning with applicable criteria in this case including plain x-rays that do not confirm a successful fusion. In this case, there is no evidence by x-rays of the lumbar spine which could include flexion / extension views that would meet the criteria for obtaining the requested CT scan which was therefore not medically necessary.