

Case Number:	CM15-0211441		
Date Assigned:	10/30/2015	Date of Injury:	02/14/2003
Decision Date:	12/14/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/27/2015

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(n) 61 year old female, who sustained an industrial injury on 2-14-03. The injured worker was diagnosed as having progressive lower back pain due to symptomatic lumbar spinal stenosis leading to bilateral L3-S1 radiculitis. Subjective findings (3-10-15, 5-6-15 and 7-6-15) indicated severe lower back pain with radiation to the bilateral lower extremities. The injured worker rated her pain 8-9 out of 10. Objective findings (3-10-15, 5-6-15 and 7-6-15) revealed a positive straight leg raise test on the left side, "limited" lumbar range of motion and decreased sensation in the bilateral L3 to S1 distribution. As of the PR2 dated 9-9-15, the injured worker reports 8-9 out of 10 lower back pain that radiates to the left lower extremity. Objective findings include localized tenderness at the left sacroiliac joint, sciatic notch and greater trochanter and decreased sensation in the bilateral L3, L4 and S1 distribution. Current medications include Robaxin, Norco (since at least 3-10-15) and Lidoderm patch (since at least 3-10-15). The treating physician recommended discontinuing the Robaxin and starting Zanaflex. Treatment to date has included an EMG-NCS on 9-9-15 with normal results. The Utilization Review dated 10-12-15, non-certified the request for Norco 10-325mg #120 x 2 refills, Zanaflex 4mg #90 x 2 refills and Lidoderm patch #30 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 has a remote history of a work injury occurring in February 2003 related to lifting and twisting while moving tables and chairs. An MRI of the lumbar spine in January 2015 included findings of multilevel degenerative changes with severe stenosis at L4/5 and L5/S1. Treatments have included medications and epidural injections and a two level lumbar decompression and fusion is being recommended. When seen in September 2015 she was continuing to complain of severe radiating pain rated at 8-9/10. She was having lower extremity weakness. She was developing urinary urgency and incontinence. She was having difficulty walking. Physical examination findings included left sacroiliac joint, sciatic notch, and greater trochanteric tenderness. Left straight leg raising was positive. There was decreased lower extremity strength and sensation. Medications were Norco, Robaxin, and Lidoderm. The Norco dose was increased from an MED (morphine equivalent dose) of 30 mg to 40 mg per day. Robaxin was discontinued and Zanaflex was prescribed. Lidoderm for the left sacroiliac joint was continued. Close monitoring was planned. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication used for intermittent or breakthrough pain. In this case, the dose was increased when the claimant was having ongoing severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing Norco was medically necessary. However, two refills were provided. An assessment of her response to the increased dose would be expected at the next visit. For this reason, the request is not medically necessary.

Zanaflex 4 mg #90 with 2 refills: Upheld

Claims Administrator 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).

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

Decision rationale: The claimant has a remote history of a work injury occurring in February 2003 related to lifting and twisting while moving tables and chairs. An MRI of the lumbar spine in January 2015 included findings of multilevel degenerative changes with severe stenosis at L4/5 and L5/S1. Treatments have included medications and epidural injections and a two level lumbar decompression and fusion is being recommended. When seen in September 2015 she was continuing to complain of severe radiating pain rated at 8-9/10. She was having lower extremity weakness. She was developing urinary urgency and incontinence. She was having difficulty walking. Physical examination findings included left sacroiliac joint, sciatic notch, and greater trochanteric tenderness. Left straight leg raising was positive. There was decreased lower

extremity strength and sensation. Medications were Norco, Robaxin, and Lidoderm. The Norco dose was increased from an MED (morphine equivalent dose) of 30 mg to 40 mg per day. Robaxin was discontinued and Zanaflex was prescribed. Lidoderm for the left sacroiliac joint was continued. Close monitoring was planned. Zanaflex (tizanidine) 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 and a three month supply was prescribed. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.

Lidoderm patch #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant has a remote history of a work injury occurring in February 2003 related to lifting and twisting while moving tables and chairs. An MRI of the lumbar spine in January 2015 included findings of multilevel degenerative changes with severe stenosis at L4/5 and L5/S1. Treatments have included medications and epidural injections and a two level lumbar decompression and fusion is being recommended. When seen in September 2015 she was continuing to complain of severe radiating pain rated at 8-9/10. She was having lower extremity weakness. She was developing urinary urgency and incontinence. She was having difficulty walking. Physical examination findings included left sacroiliac joint, sciatic notch, and greater trochanteric tenderness. Left straight leg raising was positive. There was decreased lower extremity strength and sensation. Medications were Norco, Robaxin, and Lidoderm. The Norco dose was increased from an MED (morphine equivalent dose) of 30 mg to 40 mg per day. Robaxin was discontinued and Zanaflex was prescribed. Lidoderm for the left sacroiliac joint was continued. Close monitoring was planned. 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 postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.