

Case Number:	CM15-0035253		
Date Assigned:	03/03/2015	Date of Injury:	08/08/2001
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female, who sustained an industrial injury on 08/08/2001. She has reported neck pain, dental pain, and low back pain. The diagnoses have included chronic low back pain; right shoulder rotator cuff tear; and lumbar degenerative disc disease. Treatment to date has included medications and surgical intervention. Medications have included Oxycodone, Zanaflex, Fentora, Fioricet, and Soma. A progress note from the treating physician, dated 01/29/2015, documented a follow-up visit with the injured worker. The injured worker reported neck pain with associated headaches that radiate down the right shoulder; lower back pain that radiates down the hips and down the posterior aspect of the bilateral thighs; and she is undergoing dental care. Objective findings included normal gait; no palpable tenderness of the paravertebral muscles bilaterally; and intact sensation in the lower extremities. The treatment plan has included request for prescription medications; and follow-up evaluation. On 02/17/2015 Utilization Review modified a prescription of Fioricet 325-50-40mg #30, to Fioricet 325-50-40mg #10; noncertified a prescription of Lidoderm Patch5% #30; modified a prescription of Nortriptyline 20 mg #60, to Nortriptyline 20 mg #30 ; and modified a prescription of Robaxin 500 mg #90, to Robaxin 500 mg #30. The CA MTUS was cited. On 02/24/2015, the injured worker submitted an application for IMR for review of a prescription of Fioricet 325-50-40mg #30; Lidoderm Patch5% #30; Nortriptyline 20 mg #60; and Robaxin 500 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 325-50-40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter Pain - Chronic and topic Barbiturate-containing analgesic agents BCAs.

Decision rationale: The patient presents with pain and weakness in her neck, right shoulder, lower back and lower extremity. The request is for FIORICET 325-50-40mg #30. Per 01/29/15 progress report, the patient is currently taking Fentora, Fentanyl patch, Fioricet and Colace. Per 12/08/14 progress report, the patient is working. ODG Guidelines, chapter Pain - Chronic and topic Barbiturate-containing analgesic agents BCAs, states that Fioricet is "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. --McLean, 2000-- Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. --Friedman, 1987-- The AGS updated Beers criteria for inappropriate medication use includes barbiturates." In this case, the patient has been on Fioricet since at least 07/03/14. There is no documentation of this medication's efficacy. The patient is suffering from chronic neck/lower back pain and headaches, and ODG guidelines do not recommend this medication in such cases due to high dependency. Fioricet is sometimes used for acute headaches, but not recommended due to a risk of overuse as well as rebound headaches. The IS NOT medically necessary.

Lidoderm Patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with pain and weakness in her neck, right shoulder, lower back and lower extremity. The request is for LIDODERM PATCH 5% #30. Per 01/29/15 progress report, the patient is currently taking Fentora, Fentanyl patch, Fioricet and Colace. MTUS guidelines page 57 states, "topical lidocaine may be 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--." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, this patient started utilizing Lidoderm patches on 11/19/14 and

discontinued between 11/25/14 and 12/08/14. None of the reports discuss how Lidoderm patches have been used with what efficacy. There is no documentation that the patient has localized neuropathic pain, as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.

Nortriptyline 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-16.

Decision rationale: The patient presents with pain and weakness in her neck, right shoulder, lower back and lower extremity. The request is for NORTRIPTYLINE 25MG #60. Per 01/29/15 progress report, the patient is currently taking Fentora, Fentanyl patch, Fioricet and Colace. Regarding antidepressants, MTUS guidelines page 13-16 recommends for neuropathic pain, and as a possibility for non-neuropathic pain. --Feuerstein, 1997-- --Perrot, 2006-- Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. --Saarto-Cochrane, 2005-- Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. In this case, the patient started utilizing Nortriptyline on 11/19/14 and discontinued between 11/25/14 and 12/08/14. None of the reports discuss how Nortriptyline has been used with what efficacy. MTUS guidelines require documentation of this medication's efficacy including pain outcomes, an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. Therefore, the request IS NOT medically necessary.

Robaxin 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 63-65.

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

Decision rationale: The patient presents with pain and weakness in her neck, right shoulder, lower back and lower extremity. The request is for ROBAXIN 500MG #90. Per 01/29/15 progress report, the patient is currently taking Fentora, Fentanyl patch, Fioricet and Colace. Per 12/08/14 progress report, the patient is working. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-

term treatment of acute exacerbation in patients with chronic LBP. MTUS page 63-66 under ANTISPASMODICS for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. In this case, none of the reports discuss medication except the request. MTUS only supports a short-term use and the treater does not indicate that it is to be used for short-term only. The current request for #90 does not indicate intended short-term use. The request IS NOT medically necessary.