

Case Number:	CM15-0046260		
Date Assigned:	03/18/2015	Date of Injury:	03/15/2000
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/11/2015

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: Internal Medicine

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 3/15/00. The injured worker reported symptoms in the back and right lower extremity. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, other symptoms referable to the back, and lumbosacral radiculopathy. Treatments to date have included oral medication, topical medication, epidural steroid injection in 2012, right L4-5 and L5-S1 epidural steroid injection in June 2014, physical therapy, and transcutaneous electrical nerve stimulation (TENS) unit. Progress notes from December 2012 to February 2015 were submitted. In December 2012, the physician documented that the injured worker was permanent and stationary and unable to work. Vicodin, Lidoderm, soma, and gabapentin were prescribed in December 2012. Other muscle relaxants including skelaxin and cyclobenzaprine were subsequently prescribed. Soma, Norco, and Lidoderm have been prescribed from September 2014 to February 2015. In September 2014, the treating provider documented that the last epidural was in September 2012 and lessened pain by 70% for more than 3-4 months and allowed the injured worker to increase function and activities of daily living and to take less medications. At a visit on 2/4/15, the injured worker complained of pain in the back and right lower extremity. The treating physician noted that the pain medication regimen, activity restriction, and rest kept the pain within a manageable level to allow the injured worker to complete activities of daily living such as walking, shopping, and light household chores. Medications included soma, gabapentin, Lidoderm, and Norco. The injured worker was not working. Examination showed tenderness and spasm over the lumbosacral region, limited range

of motion, positive straight leg raise, normal strength and reflexes, and hypoesthesia of the right posterolateral leg. Lumbar MRI from July 2010 showed L3-4 and L4-5 disc degeneration, L5-S1 right lateral recess focal disc protrusion causing mild lateral recess stenosis likely touching but not deflecting the right S1 nerve root, and unremarkable facet joints. Diagnoses were noted as lumbar facet arthrosis currently main pain generator, bilateral sacroiliac joint dysfunction, and lumbar radiculopathy. The physician noted plan for a repeat epidural steroid injection. On 2/20/15, Utilization review non-certified requests for topical Lidoderm 5% two patches daily #60, norco 5/325 mg twice daily #60, soma 350 mg three times daily #90, transforaminal lumbar epidural steroid injection right L4-5 and L5-S1, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker has been prescribed lidoderm intermittently since December 2012 and consistently from September 2014 to February 2015. There was no documentation of neuropathic pain or post-herpetic neuralgia. The physician documented that the current combination of medications kept that pain manageable and allowed the injured worker to do some activities of daily living; however, no functional improvement as a result of lidoderm specifically was documented, the injured worker was not working, there was no reduction in use of other medications, and office visits continued at the same frequency. Due to lack of documentation of neuropathic pain disorder and lack of functional improvement, the request for lidoderm is not medically necessary.

Norco 5/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: The injured worker has been prescribed hydrocodone/acetaminophen for at least two years. There is no evidence that the treating physician is prescribing opioids according

to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No opioid contract, drug testing, or functional goals were discussed, and the injured worker was noted to be permanent and stationary and not working since at least 2012. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. This injured worker has chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker is not working, there was no documentation of decrease in medication use or decrease in frequency of office visits, and improvement in activities of daily living attributed to hydrocodone/acetaminophen specifically was not documented. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Soma 350 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants p. 63-66 carisoprodol (soma) p. 29 Page(s): 29, 63-66.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. Soma has been prescribed for at least 5 months recently, and was used previously as well, without documentation of functional improvement as result of use of soma specifically. The injured worker is not working, there was no reduction in medication use, and office visits have continued at the same frequency. Due to length of use in excess of the guidelines, lack of

recommendation by the guidelines due to habituating and abuse potential, and lack of functional improvement, the request for soma is not medically necessary.

Steroid transforaminal lumbar epidural at right L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): p. 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. No motor deficit or loss of reflexes was documented, and nonspecific sensory loss was noted on recent examination. The most recent MRI did not show evidence of nerve compression at L4-5. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Improvement after an epidural injection in 2012 was noted. Another epidural steroid injection at the right L4-5 and L5-S1 levels in June 2014 was documented, but there was no discussion of pain relief or functional improvement after this injection. Due to insufficient objective findings of radiculopathy, and lack of documentation of pain relief and functional improvement after the June 2014 injection at the same levels as currently requested, the request for transforaminal lumbar epidural steroid injection at right L4-L5 and L5-S1 is not medically necessary.