

Case Number:	CM15-0049029		
Date Assigned:	03/20/2015	Date of Injury:	03/27/2013
Decision Date:	05/11/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/16/2015

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 33-year-old female who reported an injury on 03/27/2013. Her diagnosis was noted as lumbar disc syndrome, radiculitis/neuropathy. During the assessment on 03/02/2013, the injured worker complained of back and leg pain. She reported the back pain that radiated to the left side. She indicated that the pain was moderate to severe and rated the pain at 4/10 to 5/10. She has had physical therapy and took pain medication with minimal relief. Physical examination revealed diffuse tenderness on palpation in the upper lumbar spine, as well the left lower lumbar spine. The treatment plan was to request L1-2 and L5-S1 facet blocks for both diagnostic and therapeutic purposes. The rationale for the request was not provided. The Request for Authorization form was dated 02/18/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with use of random drug screening as needed to verify compliance. The clinical documentation did not provide any quantified information regarding pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.

Cyclobenzaprine 10mg#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: The request for cyclobenzaprine 10 mg #60 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review provided evidence that the injured worker had been on his medication for an extended duration of time; and there was a lack of documentation of objective functional improvement. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.

Ondansetron 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

Decision rationale: The request for ondansetron 4 mg #60 is not medically necessary. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. However, the clinical documentation did not indicate that the injured worker suffered from nausea or vomiting secondary to chronic opioid use. The rationale for the requested medication was not provided. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.

Lidocaine patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

Decision rationale: The request for lidocaine patches 5% is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In regard to lidocaine, the guidelines state that use of this product is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain at this time. There was also a lack of adequate documentation regarding failure of antidepressants and anticonvulsants. Additionally, the application site for the proposed medication and the quantity was not provided. Given the above, the request is not medically necessary.