

Case Number:	CM15-0055949		
Date Assigned:	04/01/2015	Date of Injury:	10/20/2009
Decision Date:	05/15/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/24/2015

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, Arizona

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 28-year-old male who reported an injury on 10/20/2009. The mechanism of injury was due to a slip and fall. His diagnoses include lumbar degenerative disc disease and post lumbar laminectomy syndrome with associated thoracic pain. His medications include ibuprofen 600 mg, Lidoderm patch 5%, Colace 250 mg, Senokot, Silenor, Pristiq, Lyrica 100 mg, doxepin 10 mg, Anaprox 4 mg, Norco 10/325 mg, and Lyrica 150 mg. On 02/10/2015, the injured worker rated his pain at a 9/10 without medications, and a 4/10 with medications. He denied any new problems or side effects, and indicated that he had poor quality of sleep, and decrease in activity levels. The treatment plan included continuation of medications. On 03/10/2015, the injured worker rated his pain at a 4/10 with medications, and 9/10 without medications. The injured worker also complained of poor quality of sleep with decrease in activity levels with no problems or side effects indicated. The injured worker is indicated to be volunteering and noted that he has numbness in his legs when standing too long. It was noted the injured worker requires Norco up to 6 times a day as he is awaiting spine surgery. The injured worker also utilizes Zanaflex for muscle spasms at night. A urine drug screen was performed. A request was received for Lidoderm Patch 5% #30 time 3, Ibuprofen 600mg #30 time 3, Zanaflex 4mg #60 time 3, Norco 10/325mg #180, Pristiq ER 100mg #30 time 3, Senokot 187mg #60 time 3, and Colace 250mg #60 time 3. A Request for Authorization form was received on 02/17/2015 and 03/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30 time 3: Upheld

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

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

Decision rationale: According to California MTUS Guidelines, the use of Lidoderm patches is supported for neuropathic pain. Topical analgesics are recommended after a failed trial of antidepressants and anticonvulsants. There should be documentation for continued use of pain relief and functional benefits. The injured worker was noted to have complaints of chronic pain. However, there was lack of documentation in regard to objective functional benefits from the use of the Lidoderm patch. There was also lack of documentation the injured worker has failed a trial of antidepressants and anticonvulsants. Additionally, the refill request as submitted would not allow for reassessment prior to additional prescriptions. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate.

Ibuprofen 600mg #30 times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSIAD Page(s): 67.

Decision rationale: California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs to assist with the management of chronic pain. However, continued use should be supported by documented functional benefit and evidence of pain relief. The injured worker was noted to have chronic pain and long term medication use. However, there was a lack of documentation of significant functional benefits of the medication use. Furthermore, the request for refills would not be supported as it does not provide sufficient time for reassessment prior to additional medications. Furthermore, the request as submitted does not clearly identify the frequency of treatment. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Zanaflex 4mg #60 times 3: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule recommends the short term use of muscle relaxants in the management of chronic pain. Guidelines recommend that use of these types of medications be limited to 2 to 4 weeks. The injured worker was noted to have chronic pain. Furthermore, the injured worker was noted to have been on Zanaflex since 09/2014. The request as submitted along with refills would exceed the guideline recommendations. There was lack of documentation the injured worker had increased functional benefits with the use of the medication. There was also lack of documentation in regard to exceptional factors to support extended treatment beyond guideline recommendations. Furthermore, the request as submitted does not clearly specify a frequency for treatment. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, managed side effects, evidence that the injured worker is monitored for aberrant behavior, and a pain assessment establishing efficacy of treatment. The injured worker was noted to have chronic pain complaints. However, there was lack of documentation of monitoring for aberrant drug-related behaviors. There was also lack of documentation in regard to objective functional benefits. Furthermore, the request as submitted does not clearly specify a frequency for treatment. The request as submitted does not clearly specify a frequency for treatment. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Pristiq ER 100mg #30 times 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: California Medical Treatment Utilization Schedule does recommend the use of antidepressants in the management of chronic pain. However, continued use should be supported by documented functional benefit and pain relief. The injured worker was noted to have chronic pain complaints. However, there was lack of documentation in regard to objective

functional improvement. Furthermore, the request as submitted does not provide a frequency for treatment. In the absence of the above, the request is not supported by the evidence based guidelines. Moreover, the request for refills would not allow for timely reassessment and evaluation between medications. As such, the request is not medically necessary or appropriate at this time.

Senokot 187mg #60 times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trails of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: California Medical Treatment Utilization Schedule does recommend the use prophylactic use of medications for constipation in conjunction with the use opioids. The injured worker was noted to have chronic pain complaints. However, there was a lack of documentation indicating the medical necessity for the treatment of constipation. Furthermore, the concurrent request for opioids is not supported. The request as submitted does not clearly specify a frequency for treatment. As such, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Colace 250mg #60 times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trails of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: California Medical Treatment Utilization Schedule does recommend the use prophylactic use of medications for constipation in conjunction with the use opioids. The injured worker was noted to have chronic pain complaints. However, there was a lack of documentation indicating the medical necessity for the treatment of constipation. Furthermore, the concurrent request for opioids is not supported. The request as submitted does not clearly specify a frequency for treatment. As such, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.