

Case Number:	CM15-0057234		
Date Assigned:	04/02/2015	Date of Injury:	05/06/1996
Decision Date:	05/28/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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, Washington

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 65-year-old male, with a reported date of injury of 05/06/1996. The diagnoses include status post lumbar fusion, chronic low back pain, multilevel lumbar discogenic disease, and right knee internal derangement. Treatments to date have included Percocet, Lidoderm patches, Lyrica, Restoril, Baclofen, electrodiagnostic studies of the bilateral lower extremities, and an MRI of the lumbar spine. The progress report dated 02/19/2015 indicates that the injured worker complained of low back pain with radiation to the right lower extremity. He also complained of right knee pain. It was noted that without pain medication, his pain was severe and disabling, and he was bed ridden with pain rated 10 out of 10. With medication, his pain was decreased by 50% or more, and he had more function with the ability to do more daily activities. It was noted that the injured worker could not sleep. A physical examination showed spasm in the lumbar spine, painful and limited lumbar range of motion, tenderness to palpation over the lumbar hardware and over the lumbar paraspinal muscles, increased low back pain, left-sided sciatic pain, positive left straight leg test, tenderness to palpation at the right joint line patellofemoral crepitation, and positive knee brace. The treating physician requested Percocet, Lidoderm Patches, Restoril, Toradol, Baclofen, and a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 - 81, 116 - 127.

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

Decision rationale: The California MTUS Guidelines have indicated that long term use of opioids is not recommended. It was indicated in the clinical documentation that the injured worker had previously been advised to taper from his medication, as long term use of opioids is not suggested for chronic nonmalignant pain. The injured worker had been utilizing this medication for several months, with the indication that he had even utilized it back in 2010. Ongoing use is not recommended. Therefore, although abrupt discontinuation is not recommended, the requested medication is not medically necessary at this time.

Lidoderm patches 5%, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117 - 118.

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

Decision rationale: The injured worker stated that with the use of his medication, his pain is decreased by 50% or more. However, it was noted that he is utilizing multiple medications. The specific rationale for the intended use of the Lidoderm patch, with the exception of to address pain, was not provided to include the area of the body to be treated. The prior clinical documentation identified that the injured worker had not utilized a previous tricyclic antidepressant, or at least 1 GABA analogue, prior to requesting the use of Lidoderm. Therefore, without having met the criteria for use of the topical analgesic, and without having any specific rationale for the use of the Lidoderm other than pain management, the request is not medically necessary.

Restoril 30 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the California MTUS Guidelines, long term use of benzodiazepines is not recommended. The guidelines limit the use to 4 weeks, and the clinical documentation identified the injured worker as having been utilizing this medication for several

months as a sleep aid. The most recent clinical documentation did not identify the medication as having been effective in improving his sleep pattern to warrant ongoing use. On the 02/19/2015 office visit, it was stated that the injured worker was having trouble sleeping and necessitated Restoril to help that. However, there was indication back on 01/08/2015, that he had already been provided with Restoril, for 30 tablets, with no indication that this medication had been effective in improving his sleep pattern. Therefore, the request is not medically necessary.

Toradol 60 g injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.nlm.nih.gov/medlineplus/druginfo/meds/a693001.html.

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

Decision rationale: According to the Official Disability Guidelines, this medication is commonly utilized as an intramuscular injection to be used as an alternative to opioid therapy. The clinical documentation dated 02/19/2015, stated that the injured worker's medication was providing him with at least 50% or more pain relief. Additionally, there is nothing stating that he would be utilizing a Toradol injection as an alternative to opioid therapy. One of his medications was listed as Percocet, with no rationale having been stated for the additional use of a Toradol injection. Therefore, the request is not medically necessary.

Baclofen 10 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: Under the California MTUS Guidelines, baclofen is utilized for treatment of spasticity to include injured workers who have cerebral palsy, MS, and those who have suffered a spinal cord injury. In the case of this injured worker, while he was indicated as having spasms on the most recent clinical documentation, long term use of these medications is not recommended. The request is for a 90 count, with no statement as to the frequency and duration of use. Commonly, this type of medication is only recommended for short term use, and with the 90 count, the current mg, the injured worker could be utilizing this medication for up to 3 months. Without having documentation of effective response from the use of the baclofen, ongoing use cannot be supported. Therefore, the request for baclofen 10 mg, with a count of 90 tablets, is not medically necessary at this time.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120 - 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-114.

Decision rationale: According to the California MTUS Guidelines, without the request involving a 30 day home based trial to utilize as an adjunct to another evidence based modality, the TENS unit cannot be supported. Additionally, the clinical documentation dated 02/19/2015, did not specifically indicate the injured worker utilizing the TENS unit alongside another physical modality, such as a home exercise program, or a formal course of physical therapy, or another conservative modality, to warrant the use of the equipment at this time. Therefore, although the injured worker continues to have complaints of low back pain and lower extremity symptoms, the request is not medically necessary at this time.