

Case Number:	CM15-0067267		
Date Assigned:	04/14/2015	Date of Injury:	10/02/2012
Decision Date:	07/09/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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 39 year old male, who sustained an industrial injury on 10/2/2012. The mechanism of injury is not indicated. The injured worker was diagnosed as having scar neuroma, chronic pain, and left myofascial pain. Treatment to date has included medications, chiropractic treatment, and modified duty. The request is for Botox, Orphenadrine Citrate ER, Lidocaine patches 5%, Hydrocodone/acetaminophen 5/325mg, and Mobic. On 3/10/2015, he complained of left calf pain that is aggravated by walking and standing. The treatment plan included Botox injections, Oprhenadrine Citrate ER, Lidocaine patches 5%, Hydrocodone/acetaminophen 5/325mg, and Mobic. The records indicate he had refused additional chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 unit Botox injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum (Botox, Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, under Botulinum toxin.

Decision rationale: The patient presents on 03/10/15 with unrated regional pain in the left lower extremity. The patient's date of injury is 10/02/12. Patient has no documented surgical history directed at this complaint. The request is for 100 Unit Botox Injections. The RFA is dated 03/19/15. Physical examination dated 03/10/15 reveals soft tissue tenderness over the left calf muscle in the region of a scar (unspecified size), and numbness over the scar itself. The patient is currently prescribed Mobic, Norco, and Orphenadrine. Diagnostic imaging included X-ray of the left lower extremity dated 09/23/14 with unremarkable findings. Patient is currently classified as permanent and stationary, is not working. MTUS Chronic Pain Medical Management Guidelines, pages 25-26 has the following under Botulinum toxin: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Recent systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain." ODG Pain chapter, under Botulinum toxin also has the following regarding Botox for myofascial pain syndrome: "Not recommended: No myofascial analgesic pain relief as compared to saline. No success as a specific treatment for myofascial cervical pain as compared to saline." In regard to the request for a Botulinum toxin injection directed at this patient's chronic regional pain associated with a suspected scar neuroma, such injections are not supported by guidelines. While this patient presents with chronic regional pain associated with the suspected neuroma on his left lower extremity, Botox injections have no proven efficacy for chronic pain outside of cervical dystonia per MTUS/ODG. Therefore, the request is not medically necessary.

60 orphenadrine citrate ER 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norflex (Banflex, Antiflex, Mio-Rel, orphenate, Orphenadrine generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: The patient presents on 03/10/15 with unrated regional pain in the left lower extremity. The patient's date of injury is 10/02/12. Patient has no documented surgical history directed at this complaint. The request is for 60 Orphenadrine Citrate ER 100mg. The RFA is dated 03/24/15. Physical examination dated 03/10/15 reveals soft tissue tenderness over the left calf muscle in the region of a scar (unspecified size), and numbness over the scar itself. The patient is currently prescribed Mobic, Norco, and Orphenadrine. Diagnostic imaging included X-ray of the left lower extremity dated 09/23/14 with unremarkable findings. Patient is currently classified as permanent and stationary, is not working. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement". A short course of muscle relaxants may be warranted for patient's reduction of

pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: Antispasmodics: Orphenadrine: This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In regard to the continuation of Orphenadrine for this patient's chronic pain, the provider has exceeded guideline recommendations. Per MTUS guidelines, a short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms; 3 to 4 days for acute spasm and no more than 2 to 3 weeks. Records provided indicate that this patient has been taking Orphenadrine since at least 02/06/15, though there is no documentation of efficacy in the subsequent reports. The requested 60 tablets in addition to prior use do not imply the intent to utilize this medication short term. Therefore, the request is not medically necessary.

30 lidocaine patches 5% (700mg/patch): 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 analgesic Pain Outcomes and Endpoints Page(s): 112, 8-9. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, under Lidoderm -Lidocaine patch.

Decision rationale: The patient presents on 03/10/15 with unrated regional pain in the left lower extremity. The patient's date of injury is 10/02/12. Patient has no documented surgical history directed at this complaint. The request is for 30 Lidocaine Patches 5% (700mg/patch). The RFA is dated 03/24/15. Physical examination dated 03/10/15 reveals soft tissue tenderness over the left calf muscle in the region of a scar (unspecified size), and numbness over the scar itself. The patient is currently prescribed Mobic, Norco, and Orphenadrine. Diagnostic imaging included X-ray of the left lower extremity dated 09/23/14 with unremarkable findings. Patient is currently classified as permanent and stationary, is not working. MTUS Chronic Pain Medical Treatment guidelines, page 112 under Lidocaine Indication: "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." Page 112 also states, "Lidocaine indication: neuropathic pain, Recommended for localized peripheral pain". ODG Pain chapter, under Lidoderm (Lidocaine patch) specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In regard to the continuation of Lidocaine patches for this patient's chronic lower extremity pain, inadequate documentation of medication efficacy has been provided. This patient presents with localized neuropathic pain for which Lidocaine patches are considered an appropriate treatment modality, and has been prescribed Lidocaine patches since at least 10/17/14. However, there is no documentation of analgesia in the subsequent reports, and it appears that this patient's

pain complaint has deteriorated in spite of treatment. MTUS guidelines require documentation of analgesia attributed to medications to substantiate continuation. In this case, no such documentation is provided. Therefore, the request is not medically necessary.

90 hydrocodone 5mg-acetaminophen 325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 03/10/15 with unrated regional pain in the left lower extremity. The patient's date of injury is 10/02/12. Patient has no documented surgical history directed at this complaint. The request is for 90 Hydrocodone 5mg/Acetaminophen 325mg. The RFA is dated 03/24/15. Physical examination dated 03/10/15 reveals soft tissue tenderness over the left calf muscle in the region of a scar (unspecified size), and numbness over the scar itself. The patient is currently prescribed Mobic, Norco, and Orphenadrine. Diagnostic imaging included X-ray of the left lower extremity dated 09/23/14 with unremarkable findings. Patient is currently classified as permanent and stationary, is not working. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request for Norco for the management of this patient's chronic pain, treater has not provided adequate documentation of pain reduction and functional improvement. This patient has been taking Norco since at least 08/21/14. Progress note dated 03/10/15, which specifies a refill, does not include any documentation of analgesia or provide functional benefits attributed to medications. There is regular documentation of a lack of substance abuse/misuse, though there no stated consistency with urine drug screening or a lack of aberrant behavior. MTUS requires documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no such documentation is provided; therefore the continuation of this medication cannot be substantiated. Owing to a lack of 4As documentation as required by MTUS, the request is not medically necessary.

30 Mobic 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8-9.

Decision rationale: The patient presents on 03/10/15 with unrated regional pain in the left lower extremity. The patient's date of injury is 10/02/12. Patient has no documented surgical history directed at this complaint. The request is for 30 Mobic 7.5 mg. The RFA is dated 03/19/15. Physical examination dated 03/24/15 reveals soft tissue tenderness over the left calf muscle in the region of a scar (unspecified size), and numbness over the scar itself. The patient is currently prescribed Mobic, Norco, and Orphenadrine. Diagnostic imaging included X-ray of the left lower extremity dated 09/23/14 with unremarkable findings. Patient is currently classified as permanent and stationary, is not working. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". In regard to the continuation of Mobic for this patient's chronic lower extremity pain, inadequate documentation of medication efficacy has been provided. This patient has been prescribed Mobic since at least 08/21/14. However, there is no documentation of analgesia in the subsequent reports, and it appears that this patient's pain complaint has deteriorated in spite of treatment. MTUS guidelines require documentation of analgesia attributed to medications to substantiate continuation. In this case, no such documentation is provided. Therefore, the request is not medically necessary.