

Case Number:	CM15-0085047		
Date Assigned:	05/07/2015	Date of Injury:	09/07/2010
Decision Date:	07/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/04/2015

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 54 year old female, who sustained an industrial injury on 9/7/2010. She reported injury from a fall. The injured worker was diagnosed as having lumbar spondylosis, lumbar radiculopathy, low back syndrome and lumbar sprain. Lumbar magnetic resonance imaging showed degenerative changes with disc bulging. Treatment to date has included lumbar epidural steroid injection, physical therapy, chiropractic care, aqua therapy and medication management. In progress notes dated 3/26/2015 and 4/3/2015, the injured worker complains of low back pain radiating to the bilateral lower extremities with numbness, weakness and tingling and right knee pain. There are no pain ratings documented. The treating physician is requesting Norco 10/325 mg #60, Tramadol 50 mg #120, Lidoderm patch #30 and Skelaxin 800 mg #90.

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 page(s): 79-81, 85-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: The 54 year old patient presents with pain in the right knee and has been diagnosed with internal derangement of the right knee, right ankle sural nerve neuroma, and lumbosacral strain, as per progress report dated 04/03/15. The request is for NORCO 10/325mg #60. There is no RFA for this case, and the patient's date of injury is 09/07/10. Diagnoses, as per progress report dated 03/26/15, included lumbar radiculopathy, limb pain, low back syndrome, constipation, muscle spasm, lumbar region sprain, and lumbar vertebral compression fracture. Medications included Lyrica, Senokot, Amitiza, Fentanyl patch, Skelaxin, Tegaderm patch, Norco, Tramadol and Lidoderm patch among other. None of the recent reports document the patient's work status. However, progress report dated 01/14/15 states that the patient would return to modified work from 01/15/15. MTUS Guidelines pages 88 and 89 states, "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 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 this case, a prescription for Norco is first noted in progress report dated 10/14/14, and the patient has been taking the medication consistently at least since then. As per progress report dated 03/26/15, "medications are providing relief without uncontrolled side effects. Patient reports better able to activities of daily living with use of the medication Patient reports more difficulty accomplishing activities of daily living if a dose of medication is missed." UDS report, dated 01/09/15, is consistent. As per progress report dated 01/09/15, the patient is using Norco for "increased pain." CURES report was scanned, as per progress report dated 04/23/15 (after the UR denial date). The treater, however, does not use a numerical scale to demonstrate a reduction in pain nor does the treater provide specific examples that reflect improvement in function. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. Hence, the request IS NOT medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tramadol (Ultram) page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: The 54 year old patient presents with pain in the right knee and has been diagnosed with internal derangement of the right knee, right ankle sural nerve neuroma, and lumbosacral strain, as per progress report dated 04/03/15. The request is for TRAMADOL 50mg #120. There is no RFA for this case, and the patient's date of injury is 09/07/10. Diagnoses, as per progress report dated 03/26/15, included lumbar radiculopathy, limb pain, low back syndrome, constipation, muscle spasm, lumbar region sprain, and lumbar vertebral compression fracture. Medications included Lyrica, Senokot, Amitiza, Fentanyl patch, Skelaxin, Tegaderm patch, Norco, Tramadol and Lidoderm patch among other. None of the recent reports document the patient's work status. However, progress report dated 01/14/15 states that the

patient would return to modified work from 01/15/15. MTUS Guidelines pages 88 and 89 states, "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 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 this case, a prescription for Tramadol is first noted in progress report dated 10/14/14, and the patient has been taking the medication consistently at least since then. As per progress report dated 03/26/15, "medications are providing relief without uncontrolled side effects. Patient reports better able to activities of daily living with use of the medication Patient reports more difficulty accomplishing activities of daily living if a dose of medication is missed." UDS report, dated 01/09/15, is consistent. As per progress report dated 01/09/15, the patient is using Tramadol for breakthrough pain. CURES report was scanned, as per progress report dated 04/23/15 (after the UR denial date). The treater, however, does not use a numerical scale to demonstrate a reduction in pain nor does the treater provide specific examples that reflect improvement in function. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. Hence, the request IS NOT medically necessary.

Lidoderm patch #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The 54 year old patient presents with pain in the right knee and has been diagnosed with internal derangement of the right knee, right ankle sural nerve neuroma, and lumbosacral strain, as per progress report dated 04/03/15. The request is for LIDODERM PATCH #30. There is no RFA for this case, and the patient's date of injury is 09/07/10. Diagnoses, as per progress report dated 03/26/15, included lumbar radiculopathy, limb pain, low back syndrome, constipation, muscle spasm, lumbar region sprain, and lumbar vertebral compression fracture. Medications included Lyrica, Senokot, Amitiza, Fentanyl patch, Skelaxin, Tegaderm patch, Norco, Tramadol and Lidoderm patch among other. None of the recent reports document the patient's work status. However, progress report dated 01/14/15 states that the patient would return to modified work from 01/15/15. In this case, a prescription for Lidoderm patch is first noted in progress report dated 05/28/14, and the patient has been using the patch consistently at least since then. As per progress report dated 04/08/15, the patient uses "Lidoderm patches as needed for flare ups." Medications help the patient exercise and remain functional. They also help reduce pain from 9-10/10 to 0-2/10. However, this increase in function and decrease in pain is not specific to Lidoderm. Additionally, there is no indication of neuropathic pain for which Lidoderm patch is indicated. Hence, the request IS NOT medically necessary. In this case, a prescription for Lidoderm patch is first noted in progress report dated 02/26/15, and the patient has been using the patch consistently at least since then. The treater, however, does not discuss its efficacy in terms of reduction in pain and improvement in function. Additionally, there is no documentation of neuropathic pain for which Lidoderm

patch is indicated. Hence, the request IS NOT medically necessary.

Skelaxin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin Medications for chronic pain page(s): 61, 60.

Decision rationale: The 54 year old patient presents with pain in the right knee and has been diagnosed with internal derangement of the right knee, right ankle sural nerve neuroma, and lumbosacral strain, as per progress report dated 04/03/15. The request is for SKELAXIN 800mg #90. There is no RFA for this case, and the patient's date of injury is 09/07/10. Diagnoses, as per progress report dated 03/26/15, included lumbar radiculopathy, limb pain, low back syndrome, constipation, muscle spasm, lumbar region sprain, and lumbar vertebral compression fracture. Medications included Lyrica, Senokot, Amitiza, Fentanyl patch, Skelaxin, Tegaderm patch, Norco, Tramadol and Lidoderm patch among other. None of the recent reports document the patient's work status. However, progress report dated 01/14/15 states that the patient would return to modified work from 01/15/15. MTUS p61 regarding skelaxin states, "recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. See Muscle relaxants for more information and references." In this case, a prescription for Skelaxin was first noted in progress report dated 10/14/14. The patient has received the medication consistently at least since then. The patient has been suffering from chronic low back pain and as per progress report dated 03/26/15, "she reports the above does work to relieve her chronic muscle spasms." However, the treater does not document improvement in function. MTUS p60 requires recording of pain and function when medications are used for chronic pain. This request IS NOT medically necessary.