

Case Number:	CM15-0085402		
Date Assigned:	05/12/2015	Date of Injury:	01/22/2002
Decision Date:	09/21/2015	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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 57-year-old female who sustained an industrial injury on 01-22-2002. The injured worker was diagnosed with lumbar degenerative disc disease and chronic lumbar radiculopathy. The injured worker is status post lumbar fusion in 2006, right total knee arthroplasty in January 2015 and bariatric surgery in 2008. The injured worker has also undergone successful detoxification program. Treatment to date has included diagnostic testing, surgery, physical therapy, assistive walking devices and medications. According to the primary treating physician's progress report on April 1, 2015, the injured worker continues to experience low back pain radiating to both legs associated with numbness and difficulty ambulating. The injured worker is currently using ambulatory support. There were no objective physical findings documented in the review. Current medications are listed as Neurontin, Amitriptyline, Prevacid and Sumatriptan. Treatment plan consists of lumbar spine magnetic resonance imaging (MRI) and Computed Tomography (CT) and the current request for Baclofen and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% #60 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial. ; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are low back pain; and status post lumbar surgery. Date of injury is January 22, 2002. Request authorization is April 2, 2015. The documentation shows Soma was prescribed as far back as August 28, 2012. According to a progress note dated October 9, 2014, the injured worker was on Zanaflex and baclofen, Lidoderm patch b.i.d. in addition to Neurontin and amitriptyline. There is no documentation of failed Neurontin or amitriptyline use. Subjectively, the injured worker is doing well and ambulates with a cane. Objectively, documentation states physical examination is unchanged. According to an April 1, 2015 progress note, the injured worker subjectively complained of low back pain that radiates to the bilateral lower extremities. Current medications list baclofen 10 mg. Objectively, there is no physical examination in April 2015 progress note. The documentation does not demonstrate objective functional improvement to support ongoing Lidoderm. There is no documentation of failed anticonvulsant or antidepressant medication use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation of failed first-line neuropathic medication, documentation demonstrating objective functional improvement to support ongoing Lidoderm, Lidoderm 5% #60 is not medically necessary.

Baclofen 10 mg #60: Upheld

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

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 (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are low back pain; and status post lumbar surgery. Date of injury is January 22, 2002. Request authorization is April 2, 2015. According to a progress note dated October 9, 2014, the injured worker was on Zanaflex and baclofen, Lidoderm patch b.i.d. in addition to Neurontin and amitriptyline. There is no documentation of failed Neurontin or amitriptyline use. Subjectively, the injured worker is doing well and ambulates with a cane. Objectively, documentation states physical examination is unchanged. According to an April 1, 2015 progress note, the injured worker subjectively complained of low back pain that radiates to the bilateral lower extremities. Current medications list baclofen 10 mg. Objectively, there is no physical examination in April 2015 progress note. The documentation indicates muscle relaxants starting with Soma have been prescribed as far back as August 2012. Baclofen was prescribed October 9, 2014. According to the April 1, 2015 progress note, baclofen 10 mg was continued. Muscle relaxants are recommended for short-term (less than two weeks). Muscle relaxants were started in excess of three years. There is no compelling clinical documentation to support the ongoing use of baclofen. Objectively, there is no documentation of muscle spasm. There is no documentation demonstrating objective functional improvement to support ongoing baclofen. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, muscle relaxant treatment continued in excess of three years without compelling clinical facts and no documentation demonstrating objective functional improvement, Baclofen 10mg #60 is not medically necessary.