

Case Number:	CM15-0232099		
Date Assigned:	12/07/2015	Date of Injury:	04/03/2008
Decision Date:	01/13/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/25/2015

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: Massachusetts

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:

This 64 year old female sustained an industrial injury on 4-23-08. Documentation indicated that the injured worker was receiving treatment for chronic low back and lower extremity pain. Previous treatment included medial branch rhizotomy (11-13-14), injections and medications. Magnetic resonance imaging lumbar spine (2-3-15) showed multilevel degenerative disc disease with disc protrusion and foraminal narrowing. In a PR-2 dated 12-23-14, the injured worker complained of low back pain. Physical exam was remarkable for severe generalized tenderness to palpation in the lumbar area with "severely" restricted movement in all directions. The treatment plan included refilling medications (Voltaren, Cyclobenzaprine and Lidoderm patches) and a course of oral steroids. The injured worker was cleared to work full duty. In a PR-2 dated 3-9-15, the injured worker complained of ongoing low back pain. Physical exam was remarkable for "marked" tenderness to palpation to the right sacroiliac joint with guarded movements and a slow, stiff gait, 4 out of 5 right lower extremity strength, positive right straight leg raise and positive right Faber's test. The physician stated that the injured worker was worse and was unable to participate in work activities and was placed on temporary total disability. The treatment plan included requesting authorization for a diagnostic ultrasound guided injection and epidural steroid injection. In the most recent documentation submitted for review, a PR-2 dated 7-20-15, the injured worker's subjective complaints and objective findings were essentially unchanged. The injured worker remained on temporary total disability. The treatment plan included refilling medications (Voltaren, Cyclobenzaprine and Lidoderm patches). On 11-12-15,

Utilization Review noncertified a request for Vicodin 5-300mg #60, Flector 1.3% patches #60 with one refill and Lidoderm 5% patches #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Vicodin 5/300mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in April 2008 when he had low back pain while unloading a trailer. He had a lumbar radiofrequency ablation in November 2014 with temporary improvement in low back pain and leg pain for 4-6 weeks. In December 2014 medications were Voltaren XR, cyclobenzaprine, and Lidoderm. Medrol was prescribed. An MRI of the lumbar spine in February 2015 included findings of degenerative disc disease at L5/S1 with severe foraminal narrowing. He stopped working in March 2015. A right sacroiliac joint injection was done in March 2015 and June 2015. In July 2015 an ADL questionnaire was completed. In October 2015 he had right sided lumbar pain. Physical examination findings included moderate left and marked right lumbar tenderness. There was positive right straight leg raising. His body mass index is nearly 30. A lumbar epidural steroid injection was requested. Medications were prescribed including Vicodin. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing pain. Conservative treatments have included injections and non-opioid medications. There are no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. No refills were given and an assessment for efficacy including use of VAS pain scores as well as assessment for medication side effects would be expected at follow-up. Prescribing was medically necessary.

60 Flector 1.3% patches with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in April 2008 when he had low back pain while unloading a trailer. He had a lumbar radiofrequency ablation in November 2014 with

temporary improvement in low back pain and leg pain for 4-6 weeks. In December 2014 medications were Voltaren XR, cyclobenzaprine, and Lidoderm. Medrol was prescribed. An MRI of the lumbar spine in February 2015 included findings of degenerative disc disease at L5/S1 with severe foraminal narrowing. He stopped working in March 2015. A right sacroiliac joint injection was done in March 2015 and June 2015. In July 2015 an ADL questionnaire was completed. In October 2015 he had right sided lumbar pain. Physical examination findings included moderate left and marked right lumbar tenderness. There was positive right straight leg raising. His body mass index is nearly 30. A lumbar epidural steroid injection was requested. Medications were prescribed including Vicodin. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant is also taking Voltaren XR, an oral NSAID, and prescribing a topical NSAID is duplicative. Additionally, if a topical NSAID was being considered, a trial of generic topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector is not recommended as a first-line treatment. Flector is not considered medically necessary.

60 Lidoderm 5% patches with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Lidoderm (lidocaine patch).

Decision rationale: The claimant sustained a work injury in April 2008 when he had low back pain while unloading a trailer. He had a lumbar radiofrequency ablation in November 2014 with temporary improvement in low back pain and leg pain for 4-6 weeks. In December 2014 medications were Voltaren XR, cyclobenzaprine, and Lidoderm. Medrol was prescribed. An MRI of the lumbar spine in February 2015 included findings of degenerative disc disease at L5/S1 with severe foraminal narrowing. He stopped working in March 2015. A right sacroiliac joint injection was done in March 2015 and June 2015. In July 2015 an ADL questionnaire was completed. In October 2015 he had right sided lumbar pain. Physical examination findings included moderate left and marked right lumbar tenderness. There was positive right straight leg raising. His body mass index is nearly 30. A lumbar epidural steroid injection was requested. Medications were prescribed including Vicodin. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. In this case, other topical treatments could be considered. Lidoderm is not considered medically necessary.