

Case Number:	CM14-0121187		
Date Assigned:	08/06/2014	Date of Injury:	12/16/2003
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to progress report 07/10/2014, the patient presents with low back pain that is rated as 8/10. The pain radiates to the midback causing headaches. The patient has bilateral lower extremity tingling and numbness. Without Lidocaine patches, he has more difficulty with sleeping and increases his intake for Norco. The patient has been on Norco for several years to help to control pain. Examination revealed decreased lumbar extension 10/30 degrees and flexion 20/90 degrees. There is TTP lumbar spasms noted. Narcotic risk of addiction and dependency with high quantity of Norco was discussed. Treated is requesting a refill of Norco 10/325 #100 with 1 refill, Flexeril daily for spasms, LidoPro ointment 4 ounce, Lidoderm patches 5% #30, naproxen 550 mg #60, and Omeprazole 20 mg #60 for gastritis. Utilization review denied the request on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Continued use of opioid .Opioids, criteria for use. Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Page(s): 88-89.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting for a refill of Norco 10/325 mg #100 x1 refill. 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. The provider states that the patient has been on this medication for "several years to help with pain control." A pain level is noted utilizing a pain scale but there is no discussion of specific functional improvement with taking this medication. In this case, the provider indicates analgesia with utilizing Norco but does not provide specific functional improvement or quality of life changes as required by MTUS. Given the lack of sufficient documentation for chronic opiate management, therefore, this request is not medically necessary.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64, 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, Page(s): 64.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting Flexeril daily for patient's spasms. All prior progress reports indicate the patient has been taking Tizanidine for spasm. On 07/10/2014, the provider requested "Flexeril p.r.n. spasms." Quantity and duration of this medication is not provided. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. Without specifying duration or quantity being prescribed, recommendation cannot be made. Therefore, this request is not medically necessary.

LidoPro Ointment 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-112, 104-105.

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

Decision rationale: This patient presents with chronic low back pain. The provider is requesting for LidoPro ointment 4 ounce. The provider states LidoPro has provided good benefits. LidoPro compound cream contains Capsaicin, Lidocaine, Menthol and Methyl Salicylate. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is

not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Therefore, this request is not medically necessary.

Lidoderm Patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, 57.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting for Lidoderm patches 5% #30. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing the patches for the patient's chronic low back pain, which is not supported by the guidelines. The requested Lidoderm patches are not medically necessary, and therefore, this request is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: This patient presents with chronic low back pain. The provider is requesting for a refill of naproxen 550 mg #60. Review of the medical file indicates the patient has been prescribed naproxen since at least 02/20/2014. For anti-inflammatory medication, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so actively, a functional restoration can resume but long-term use may not be warranted." In this case, the provider has prescribed this medication on a long-term basis without providing any discussion of its efficacy. Provider has noted in progress report 02/20/2014 that the patient's pain has decreased from 8/10 to 4/10 specifically from taking Norco. There is no discussion of Naproxen. MTUS page 60 requires documentation and pain assessment and functional changes when medications are used for chronic pain. Due to lack of documentation this request is not medically necessary.

Omeprazole 29mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): (MTUS pg 69).

Decision rationale: This patient presents with chronic low back pain. The provider is requesting for a refill of Omeprazole 20 mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been concurrently prescribed Naproxen and Prilosec since at least 02/20/2014. The patient has been taking NSAID on a long term basis, and has a diagnosis of gastritis. Therefore this request is medically necessary.