

Case Number:	CM14-0131599		
Date Assigned:	08/20/2014	Date of Injury:	02/19/2011
Decision Date:	09/26/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 31-year-old female who reported an injury on 02/19/2011 who sustained injuries to her right knee when she was kneeling on the floor to count jewelry. The injured worker's prior treatment included physical therapy sessions, aquatic therapy sessions, medications, MRI studies, and electromyography (EMG)/nerve conduction velocity (NCV) studies. The injured worker was evaluated on 07/03/2014 and it was documented the injured worker complained of right knee pain, iliotibial band syndrome (ITB), and left gluteal and gemellus muscle pain. She completed aquatic therapy which did not control her pain; however, she feels that before deep muscle/tissue myofascial release with physical therapy was most helpful for her and would like to start that again with a land physical therapist. Physical examination of the lumbar spine straight leg raise on the right was 60 degrees and positive. Palpation of the lumbar facet revealed right sided pain at L3-1 and S1. There was pain noted over the lumbar intervertebral spaces discs on palpation. Palpation of the bilateral sacroiliac joint area revealed no pain. Palpable twitch, positive trigger points are noted in the lumbar paraspinous muscles. Anterior flexion of the lumbar spine was noted to be 40 degrees. Anterior lumbar flexion caused pain. Extension lumbar spine was noted to be 15 degrees. There was pain noted with lumbar extension. Medications included Soma 350 mg, Dendracin lotion, baclofen 10 mg, lidocaine 5% topical ointment, Zanaflex 2 mg, Neurontin 300 mg, Norco 10/325 mg, Ultram 50 mg, and Voltaren 1% topical gel. Diagnoses included unspecified internal derangement of the knee, other unspecified derangement of medial meniscus, and piriformis syndrome. The injured worker had a urine drug screen on 06/09/2014 that was positive for opioid usage. Request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: MTUS Guidelines state that criteria for use for ongoing management of opioids includes ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. In addition, there was lack of outcome measurements of conservative care such as, home exercise regimen noted for the injured worker. The request lacked frequency and duration of medication. Given the above, Ultram 50 mg # 120 is not medically necessary.

Voltaren 1% gel 2gm #2 tubes: Upheld

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

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

Decision rationale: MTUS Guidelines indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request failed to indicate frequency, location and duration of medication. As such, the request is not medically necessary.

Neurontin 300mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: MTUS Guidelines state that gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be an effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The documentation submitted failed to indicate long term

functional goals for the injured worker. In addition, the request did not include frequency, duration or quantity of the medication. Given the above, the request for Neurontin 300 mg # 180 is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: MTUS Guidelines state that criteria for use, for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of pain medication management and average pain, intensity of pain, or longevity of pain relief. Furthermore, the request does not include the frequency or duration of medication. In addition, there was no documented evidence of conservative care such as, home exercise regimen outcome measurements noted for the injured worker. Given the above, the request is not medically necessary.

Zanaflex 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care. However, the outcome measurements were not provided. Duration of usage could not be determined through submitted documents. The request failed to include duration and frequency of medication. The guidelines do not recommend Zanaflex for long-term-use. Given the above, the request for Zanaflex 2 mg # 60 is not medically necessary.

Lidocaine5% 1-2gm # 2 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also

state that any compounded product contains at least one drug (or drug class) that is not recommended, is not recommended. Guidelines state that there are no other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. In addition, there was no documentation provided on frequency or location where the Lidocaine would be applied. As such, the request is not medically necessary.

Baclofen 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants & Baclofen Page(s): 68, 64.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The documentation submitted for review failed to indicate how long the injured worker has been taking Baclofen. In addition, the documents submitted failed to indicate the injured worker's conservative outcome measurements, such as long-term functional goals. The request failed to indicate frequency and duration of medication. Given the above, the request for Baclofen 10 mg # 90 is not medically necessary.

Lidoderm 5% (700mg/patch) #60: Upheld

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

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

Decision rationale: MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.

Dendracin 0.025%, 30%, 10% lotion 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended, is not recommended. Dendracin lotion contains at least one or more drug class. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. In addition, there was no documentation provided on frequency or location where the Dendracin lotion would be applied. As such, the request is not medically necessary.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. The request lacked frequency, quantity and duration of medication. In addition, the guidelines do not recommend Soma for long-term use. Given the above, the request for Soma 350 mg is not medically necessary.