

Case Number:	CM14-0141921		
Date Assigned:	09/10/2014	Date of Injury:	07/17/2000
Decision Date:	10/31/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine 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:

There were 179 pages provided for this review. The application for independent medical review was signed on September 2, 2014. Per the records provided, the claimant was described as a 53-year-old man injured back in the year 2004. No mechanism of injury was provided. He was seen on August 12, 2014. He has continuing chronic low back pain and lower extremity symptoms following a previous lumbar surgery intervention. The patient did have a diagnosis of failed back surgery syndrome. There was continued pain in the low back radiating to the left lower extremity. It was seven out of 10 in severity with medicines. Without medicines, his pain would be uncontrolled. He did have recent epidural steroid injections which were beneficial with 70% pain relief. With the medicines, injections and activity restrictions, and rest he was able to complete activities of daily living. Medications at this visit included Norco, Lidocaine Lidoderm patches, Neurontin, Lexapro, Voltaren gel, Ibuprofen, Elavil, Robaxin and Prilosec. There was moderate tenderness in the lumbar spine with limited range of motion and there was guarding present. Straight leg raise was reported as positive bilaterally and there was pain in the left lower extremity from the hip to the heel. No motor weakness was identified. There is no mention of objective functional improvement with the medicines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Lidoderm Patches 5% #30 with 3 refills: Upheld

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

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

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request is not medically necessary under MTUS.

Robaxin 750mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: Methocarbamol (Robaxin, Relaxin, generic available): The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility.

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. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request is not medically necessary under MTUS criteria.

Prilosec 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors, NSAIDs, GI Symptoms and Cardiovascular Ris.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non-Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.