

Case Number:	CM14-0147263		
Date Assigned:	09/15/2014	Date of Injury:	02/12/2008
Decision Date:	10/29/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/10/2014

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, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/12/08 when, while lifting, he sustained an injury to the lumbar spine. Treatments have included medications and injections. He underwent a lumbar spine decompression and fusion on 01/22/13. An MRI of the lumbar spine on 02/18/14 showed postoperative findings at L5-S1 of a hemilaminectomy and fusion. He was seen by the requesting provider on 02/19/14. His surgery in January 2013 is referenced as generally successful and he had completed physical therapy treatments. He was performing a home exercise program. He was having neck with right greater than left arm radicular pain and low back pain, unchanged from the previous visit. Medications were Flector, omeprazole, and orphenadrine. Physical examination findings included decreased and painful cervical spine range of motion with cervical spine paraspinal muscle tenderness and increased muscle tone. There was neck pain with Spurling's testing. He had decreased and painful lumbar spine range of motion with paraspinal muscle tenderness and tightness. There was positive facet loading on the left side. He had findings consistent with trochanteric bursitis and iliotibial band syndrome. There was a positive left straight leg raise. He had decreased upper and lower extremity strength and sensation. Authorization for additional testing was requested. On 03/19/14 he had increased pain. EMG/NCS testing had shown findings of right carpal tunnel syndrome. The MRI scan had shown some degree of cord compression at C6-7. A trial of Lidoderm was prescribed. He was referred for physical therapy. On 04/16/14 Lidoderm was helping. He was having right wrist and hand pain. On 05/14/14 his condition appears unchanged. Physical therapy had been authorized. He was evaluated for physical therapy on 05/27/14. He had done well after the lumbar spine fusion for six months and then had a progressive worsening with low back radiating into the left lower extremity. He was having neck pain radiating into the shoulder and arm. As of 06/19/14 he

had completed eight of 12 planned treatment sessions. He was having ongoing pain. Treatments included home electrical stimulation. On 06/11/14 he was having pain when exercising. On 07/09/14 he had completed two additional therapy sessions. Medications were refilled. On 08/06/14 he was having ongoing neck and low back pain. There had been an increase in pain. His activity level is unchanged. Flector, Orphenadrine, Omeprazole, and Lidoderm were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR 1.3 PERCENT ADH PATCH 1 PATCH TO SKIN PER DAY #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Topical analgesics are recommended as an option and although primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed may also be useful for chronic musculoskeletal pain. In this case, the claimant has reported benefit with the use of Flector without reported adverse side effect. The dose is within that recommended for use and the quantity requested is consistent with the number being prescribed. Therefore, Flector is medically necessary.

OMEPRAZOLE 20MG TABLET ONE PER OREM DAILY #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The claimant's medications include the topical nonsteroidal anti-inflammatory medication (NSAID) Flector. Topical NSAIDs have a better safety profile than oral NSAIDs. Adverse effects secondary to topical NSAID use occurs in about 10 to 15% of patients and are primarily cutaneous with a rash and/or pruritus where the topical NSAID is applied. Overall, gastrointestinal adverse drug reactions are rare and not likely associated with topical NSAIDs after adjustment for use of other drugs. This is compared with a 15% incidence reported for oral NSAIDs. The claimant is not taking an oral NSAID. Therefore, the continued prescribing of omeprazole was not medically necessary.

ORPHENADRINE 100MG TABLET ONE PER OREM DAILY AS NEEDED #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants , Orphenadrine Page(s): 63, 65.

Decision rationale: Medications include orphenadrine is being prescribed on a long term basis. Orphenadrine is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy may diminish over time, and prolonged use may lead to dependence. In this case, orphenadrine has been prescribed on a long-term basis and there is no acute injury or exacerbation. Continued prescribing is not considered medically necessary.

LIDOCAINE 5 PERCENT PATCH (700MG/PATCH) APPLY 12 HOURS PER DAY #30:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. However, this claimant does not have localized pain. 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 postherpetic neuralgia. Therefore, Lidoderm is not medically necessary.