

Case Number:	CM14-0183275		
Date Assigned:	11/10/2014	Date of Injury:	01/12/2007
Decision Date:	12/17/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49-year-old woman who sustained a work related injury on January 12, 2007. Subsequently, she developed chronic neck and low back pain. The patient underwent an epidural injection at the L5-S1 level on December 29, 2009. She has had 3 epidural injections in 2009. She benefited from the last injection for about 2 months. Prior treatments also included: medications (Norco, Lyrica, Ambien, Lunesta, Colace, Zantac, Lidoderm patch, Valium), chiropractic sessions for the neck, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and electric heating pad to the back. According to a progress report dated October 10, 2014, the patient continued to note chronic low back pain, with radicular symptoms to her bilateral lower extremities, right more so than left. The patient had experienced itching with Ambien and Lunesta. Codeine also causes itching as a side effect. The patient had noted approximately 40% reduction in her pain with the use of her medications. The patient described her low back pain as 7/10 in intensity without medications. On examination, the patient had some slight tenderness to palpation in the upper right rhomboid region. Otherwise, there was no tenderness noted in the thoracic spine. There was moderate tenderness noted in the right lower lumbar paraspinal region extending into the right buttock and the right S1 joint region. Seated straight leg raise was negative bilaterally. Deep tendon reflexes in the lower extremities were 2+/4 and symmetrical bilaterally. Babinski testing was negative bilaterally. The patient had 4/5 motor testing with right long toe extension and right ankle dorsiflexion. Otherwise, motor testing in the lower extremities was 5/5 in all major muscle groups. The patient had reduced sensation to light touch in the L4 and L5 dermatomes of the right lower extremity. Otherwise, sensation to light touch and proprioception was grossly intact in the lower extremities. The patient was diagnosed with chronic low back pain, possible right S1 joint syndrome versus right piriformis syndrome, right lower extremity sciatica, chronic lumbar strain, pain-related insomnia, and

urinary leakage incontinence. The provider requested authorization to use Lidoderm 5% topical, Valium, Zantac, and DDS Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% topical #30 with 3 refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, "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 serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an antiepileptic drug (AED) such as gabapentin". In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.

Valium 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. Therefore, the prescription of Valium 10mg #30 is not medically necessary.

Zantac 150mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zantac Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Zantac is indicated when non-steroidal anti-inflammatory drug (NSAID) are used in patients with intermediate or high risk for gastrointestinal events. The risks for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. In addition, there is no documentation of recent use of NSAI drugs. Therefore, Zantac prescription is not medically necessary.

DDS Sodium 250mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of therapy for Opioids Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation treatment and (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>)

Decision rationale: According to ODG guidelines, DDS Sodium 250mg is recommended as a second line treatment for opioid induced constipation. The first line measures are increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and using of other over the counter medications. It is not clear from the patient file that the patient developed constipation or that first line measurements were used. Therefore, the use of DDS Sodium 250mg #30 with 3 refills is not medically necessary.