

Case Number:	CM14-0183537		
Date Assigned:	11/10/2014	Date of Injury:	06/03/1995
Decision Date:	12/17/2014	UR Denial Date:	10/20/2014
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 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:

The patient is a 66-year-old female who has submitted a claim for chronic pain syndrome, lower back pain, lumbar/thoracic radiculopathy, sciatica, spinal enthesopathy, and post-laminectomy syndrome, lumbar associated with an industrial injury date of June 3, 1995. Medical records from 2010 through 2014 were reviewed, which showed that the patient complained of low back pain radiating down the legs and numbness in the left leg. The pain was accompanied by a constant burning sensation and was rated at 6/10. The pain was worsened with prolonged sitting and lessened with standing or lying down. Examination revealed full lumbar ROM with some pain with forward flexion and backward extension. There was lumbar spinal and paraspinal tenderness. There was also lumbar facet tenderness at L4-S1. Lumbar facet loading maneuver were positive. On lower extremity examination, there was dullness to pinprick in the bilateral posterolateral thighs. Treatment to date has included Norco, transdermal creams, Prilosec, Tizanidine, Lyrica and Lidoderm patch. The patient was stable on current medication regimen with adequate analgesia, improved activities of daily living, no adverse effects and no evidence of aberrant drug taking. The utilization review from October 20, 2014 denied the request for Lidoderm patch 5%, 1 patch every 12 hours, transdermal creams, Tizanidine, and Prilosec. Lidoderm patch was denied because there was no documentation of failure or inadequacy of Lyrica. The request for transdermal creams was denied because there was no discussion of any oral medication intolerance that would require additional transdermal creams neither was there any documentation of the benefits attained with the prior use of the creams. The request for Tizanidine was denied because the guidelines do not support prolonged use of muscle relaxants and there was no documentation of muscle spasms. The page containing the reason for the denial of Prilosec is not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, 1 patch every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm Patches

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

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment 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 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. In this case, patient's clinical manifestations of low back pain radiating down the legs, numbness in the left leg and decreased lower extremity sensation are consistent with neuropathic pain. Furthermore, the patient is also on Lyrica, a first-line treatment option. Hence, Lidoderm patch may be a reasonable treatment option. However, this current request failed to specify the number of Lidoderm patches being requested. Therefore, the request for Lidoderm patch 5%, 1 patch every 12 hours is not medically necessary.

Transdermal Creams: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, the patient was prescribed transdermal creams in addition to oral analgesic medications. However, the amount and the components of the transdermal cream being prescribed were not specified in this request. Therefore, the request for transdermal creams is not medically necessary.

Tizanidine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-66.

Decision rationale: Page 63 of the CA MTUS 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. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, there is no benefit beyond and in combination with NSAIDS in pain and overall improvement. Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, anti-spasticity drugs, and drugs with both actions. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. It is also used off label for low back pain. In this case, tizanidine was prescribed for the patient's continued low back pain. However, she had been on this medication since at least August 4, 2014 (>2 months). Also, recent clinical evaluation does not reveal the presence of muscle spasm. Finally, the dosage as well as the number of pills to be prescribed are not specified on the request. Therefore, the request for Tizanidine is not medically necessary.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors

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

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDS. In this case, the patient was already on this medication since at least June 2014. Although the patient has 1 risk factor for a GI event which is age > 65 years, she neither has a GI complaint nor a current use of an NSAID. Moreover, the dosage as well as the number of pills to be dispensed is not indicated in the request. Therefore, the request for Prilosec is not medically necessary.