

Case Number:	CM14-0185379		
Date Assigned:	11/13/2014	Date of Injury:	08/31/2004
Decision Date:	12/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 Interventional spine 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 45-year-old male with a date of injury of 08/31/2014. According to progress report 10/07/2014, the patient presents with significant low back pain and throbbing and aching pain in the right leg with tingling and numbness radiating to the right foot. The patient states medications help and provide functional gains and substantially assist in his ADLs, mobility, and restorative sleep, contributing to his quality of life. There are no reported medication side effects. Examination of the lumbar spine revealed pain with active range of motion. Straight leg raise testing on the right was positive in a seated position and negative on the left. The listed diagnoses are: 1. Lumbar sprain. 2. Inflammatory neuropathy. 3. Degeneration of intervertebral disk, lumbar spine. 4. Lumbar post laminectomy syndrome. 5. Disorder of trunk. 6. Displacement of lumbar intervertebral disk without myelopathy. 7. Disorder of back. The patient's medication regimen includes hydrocodone/acetaminophen 10/325 mg, Lyrica 300 mg, orphenadrine citrate ER 100 mg, and Lidocaine 5% topical cream. The treater is requesting a refill of medications which was denied by utilization review on 10/07/2014. Treatment reports from 04/24/2014 to 10/31/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Page(s): 88-89,78.

Decision rationale: This patient presents with ongoing low back pain that radiates into the lower extremity with numbness and tingling into the right foot. The current request is for hydrocodone/acetaminophen 10/325 mg #120. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since at least 04/24/2014. CURES report and urine drug screens are provided. Report 04/24/2014 states that medications "help the pain." Progress report 06/18/2014, 07/16/2014, 09/19/2014, and 10/07/2014 each state, "Meds remain helpful and provide functional gains and they substantially assist his ADLs, mobility, and restorative sleep." In this case, recommendation for further use of this medication cannot be supported as the treater does not provide pain assessment or outcomes measures, as required by MTUS. There has been no change in work status or return to work to show significant functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines therefore request is not medically necessary.

Orphenadrine Citrate ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65.

Decision rationale: This patient presents with ongoing low back pain that radiates into the lower extremity with numbness and tingling in the right foot. The current request is for Orphenadrine citrate ER 100 mg #60. Review of the medical file indicates the patient has been prescribed this medication since 04/24/2014. ACOEM guidelines p47 states, "Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics... They may hinder return to function by reducing the patient's motivation or ability to increase activity." Regarding Orphenadrine, MTUS page 65 states that it is similar to diphenhydramine, but has greater anticholinergic effects and side effects include drowsiness, urinary retention and dry mouth. "Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." MTUS cautions its use due to its drowsiness and potential misuse. Long-term use of this medication is not supported by MTUS. Given that the treater has prescribed this

medication for longer than the recommended 2-3 weeks therefore request is not medically necessary.

Lyrica 300mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

Decision rationale: This patient presents with ongoing low back pain that radiates into the lower extremity with numbness and tingling in the right foot. The current request is for Lyrica 300 mg #60. The MTUS guidelines has the following regarding Pregabalin (Lyrica) "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." Review of the medical file indicates the patient has been prescribed this medication since 04/24/2014. Although pain scales are not provided to denote a decrease in pain with medications, the treater has stated that medications have been "helpful." Given the patient's radicular symptoms and efficacy of this medication therefore request is medically necessary.

Lidocaine 5% topical cream 150g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, Topical analgesics Page(s): 111.

Decision rationale: This patient presents with ongoing low back pain with radiation into the bilateral lower extremity with numbness and tingling at the right foot. The current request is for Lidocaine 5% topical cream 150 g. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states that lidocaine is only allowed in a patch form and not recommended in a cream, lotion, or gel form therefore request is not medically necessary.