

Case Number:	CM14-0094446		
Date Assigned:	08/01/2014	Date of Injury:	11/11/2002
Decision Date:	10/06/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 injured worker is a 63-year-old male who has submitted a claim for chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, post-laminectomy syndrome of the lumbar region, degeneration of lumbar or lumbosacral intervertebral disc, sacroiliitis, myalgia and myositis, osteoarthritis involving lower leg, degenerative joint disease knees and bilateral shoulder region and lumbar facet joint pain associated with an industrial injury date of November 11, 2002. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain, bilateral knee pain, and bilateral shoulder pain. Pain was described as 8/10 "without much radicular symptoms." Physical examination revealed a normal gait, a well-healed midline surgical scar, restriction of flexion and extension, lumbosacral tenderness, a negative straight leg raise (SLR) test, motor strength of 5/5 in all major muscle groups, and a normal sensory examination. An MRI of the spine dated 12/18/2002 demonstrated multilevel degenerative disc changes with mild subligamentous disc protrusions. Treatment to date has included medications, fusion surgery, activity restriction, use of a TENS unit, and rest. A utilization review from June 11, 2014 denied the request for Norco 10/325mg quantity 120, Lidoderm 5% quantity 30, Lyrica 50mg quantity 90, and Bilateral L3-4 Medial Facet Block. The request for Norco was denied because there was no objective evidence of functional improvement and pain reduction. The request for Lidoderm was denied because the guidelines indicate that further research is needed in order to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request for Lyrica was denied because the patient did not present characteristic findings of neuropathic pain. The request for the medial facet block was denied because the criteria for lumbar medical branch blocks were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use for neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been taking Norco for pain since at least July 2012. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. The patient's pain on his last visit was worse than his pain on the visit before that. There was also no sustained improvement of the pain throughout the treatment period. Also, there is neither a documented plan to taper the medication nor evidence of a trial to use the lowest possible dose. Constipation was present but this was controlled with Docusate. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

Lidoderm 5% quantity 30: Upheld

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

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

Decision rationale: As stated in page 56 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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 anti-epilepsy drug such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. In this case, the patient was not diagnosed with post-herpetic neuralgia. The guidelines do not recommend the use of this medication in conditions

other than post-herpetic neuralgia. Therefore, the request Lidoderm 5% #30 is not medically necessary.

Lyrica 50mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

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

Decision rationale: According to page 19 of the California MTUS guidelines on Chronic Pain, Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia; it has FDA approval for both indications, and is considered first-line treatment for both. Evidence-based guidelines state that neuropathic pain is characterized by symptoms such as lancinating, electric shock-like, paroxysmal tingling, numbing, and burning sensations that are distinct from nociceptive pain. In this case, the patient did not present with any of these complaints. Also the records did not show that the patient suffers from postherpetic neuralgia. Although the patient has diabetes, there was no mention that he has diabetic neuropathy. There is no clear indication for Lyrica use. Therefore, the request for Lyrica 50mg #90 is not medically necessary.

Bilateral L3-4 Medial Facet Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines-Medial Branch Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint therapeutic steroid injections

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines were used instead. ODG states that medial branch blocks are generally considered as diagnostic blocks. While not recommended, criteria for the use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, although the patient mentioned on his last visit that he did not have "radicular symptoms", the patient was diagnosed with thoracic or lumbosacral neuritis or radiculitis. It is not clear whether the patient ever had radicular symptoms. Moreover, there is no indication that a neurotomy is being contemplated. There is also no evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. The criteria for medial branch blocks are not satisfied. Therefore, the request for Bilateral L3-4 Medial Facet Block is not medically necessary.

