

Case Number:	CM13-0059665		
Date Assigned:	12/30/2013	Date of Injury:	11/19/1998
Decision Date:	05/14/2015	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on 11/19/1998. Diagnoses include status post disc surgery x 2 with intermittent left upper extremity radiculitis, carpal tunnel syndrome, status post low back surgery with residual bilateral sciatica greater on the left and internal derangement left knee with chondromalacia of medial compartment. Treatment to date has included diagnostics, surgical intervention, medications and work modification. Per the Primary Treating Physician's Progress Report dated 10/16/2013, the injured worker reported intermittent neck pain with left upper extremity radiculitis to the hand that comes and goes. He reported low back pain with bilateral sciatica to the feet with occasional giving way of the left leg. He also reported bilateral tingling in his hands and fingers with occasional night pain that wakes him up. Physical examination revealed a vertical scar over the lumbosacral spine. Pressure over the right ileolumbar angle causes radicular pain to the right calf and on the left the same thing to the left calf. Standing with most weight on the right with left hip/knee flexed 10 degrees there is tenderness over the left posterior superior iliac spine. Tinel's was positive over the sciatic nerve bilaterally. There was a positive Phalen's test of the right wrist. Foraminal Compression test to the right/left cause radicular pain to the shoulders. The plan of care included renewal of prescribed medications and authorization was requested on 10/16/2013, for Norco 10/325mg, Prilosec 20mg, Soma 350mg, Ativan 2mg, Lidoderm #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180, ONE TAB Q6-8 HOURS AS NEEDED FOR PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient was injured on 11/19/98 and presents with neck pain with left upper extremity radiculitis to the hand and low back pain with bilateral sciatica to the feet. The request is for SOMA 350 MG #60, ONE TAB BID. The RFA is dated 10/16/13 and the patient is on permanent and stationary status. The patient has been taking this medication as early as 04/03/13. MTUS Guidelines, pages 63-66, Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period. This has been noted for sedated and relaxant effects. The patient is diagnosed with status post disc surgery x 2 with intermittent left upper extremity radiculitis, carpal tunnel syndrome, status post low back surgery with residual bilateral sciatica greater on the left and internal derangement left knee with chondromalacia of medial compartment. Pressure over the right ileolumbar angle causes radicular pain to the right calf and the same occurs on the the left calf. There is tenderness over the left posterior superior iliac spine, a positive Tinel's over the sciatic nerve bilaterally, a positive Phalen's test of the right wrist, and foraminal compression test to the right/left cause radicular pain to the shoulders. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the patient began taking this medication since 04/03/13, which exceeds the 2 to 3 weeks recommended by MTUS guidelines. Furthermore, the treater requests for 60 tablets of Soma and there is no indication that this medication is for short-term use. The requested Soma IS NOT medically necessary.

PRILOSEC 20MG #180, ONE CAP BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 69.

Decision rationale: The patient was injured on 11/19/98 and presents with neck pain with left upper extremity radiculitis to the hand and low back pain with bilateral sciatica to the feet. The request is for ATIVAN 2 MG #30, ONE TAB QHS. The RFA is dated 10/16/13 and the patient is on permanent and stationary status. The patient has been taking this medication as early as 04/03/13. MTUS Guidelines page 24 states, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient has been taking Ativan since 04/03/13, and it would appear that this medication is prescribed on a long-term basis, over 6 months. The treating physician does not mention that this is for a short-term use. Benzodiazepines run the risk of

dependence and difficulty of weaning per MTUS Guidelines. It is not recommended for long-term use; therefore, the requested Ativan IS NOT medically necessary.

SOMA 350MG #60, ONE TAB BID: Upheld

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

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

Decision rationale: The patient was injured on 11/19/98 and presents with neck pain with left upper extremity radiculitis to the hand and low back pain with bilateral sciatica to the feet. The request is for NORCO 10/325 MG #180, ONE TAB Q 6-8 HOURS AS NEEDED FOR PAIN. The RFA is dated 10/16/13 and the patient is on permanent and stationary status. The patient has been taking this medication as early as 04/03/13. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, Criteria for use of opiates for long-term users of opiates (6 months or more) states, 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, criteria for use of opiates, ongoing management 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. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. The treater did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

ATIVAN 2MG #30, ONE TAB QHS: Upheld

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

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

Decision rationale: The patient was injured on 11/19/98 and presents with neck pain with left upper extremity radiculitis to the hand and low back pain with bilateral sciatica to the feet. The request is for PRILOSEC 20 MG #180, ONE CAP BID. The RFA is dated 10/16/13 and the patient is on permanent and stationary status. The patient has been taking this medication as early

as 04/03/13. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states, NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. The patient is diagnosed with status post disc surgery x 2 with intermittent left upper extremity radiculitis, carpal tunnel syndrome, status post low back surgery with residual bilateral sciatica greater on the left and internal derangement left knee with chondromalacia of medial compartment. The patient is currently taking Norco, Soma, and Lorazepam. There are no NSAIDs listed on the patient's prescribed medications, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. Therefore, the requested Prilosec IS NOT medically necessary.

LIDODERM PATCH #3 BOXES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Medications for chronic pain Page(s): 56-57, 112, 60. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient was injured on 11/19/98 and presents with neck pain with left upper extremity radiculitis to the hand and low back pain with bilateral sciatica to the feet. The request is for RATIONALE: LIDODERM PATCH #3 BOXES. The RFA is dated 10/16/13 and the patient is on permanent and stationary status. The patient has been taking this medication as early as 07/17/13. MTUS chronic pain medical treatment guidelines page 57 states, topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). MTUS page 112 also states, Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain. In reading ODG Guidelines, it specifies the Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient is diagnosed with status post disc surgery x 2 with intermittent left upper extremity radiculitis, carpal tunnel syndrome, status post low back surgery with residual bilateral sciatica greater on the left and internal derangement left knee with chondromalacia of medial compartment. Pressure over the right ileolumbar angle causes radicular pain to the right calf and the same occurs on the the left calf. There is tenderness over the left posterior superior iliac spine, a positive Tinel's over the sciatic nerve bilaterally, a positive Phalen's test of the right wrist, and foraminal compression test to the right/left cause radicular pain to the shoulders. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm patch IS NOT medically necessary.

