

Case Number:	CM14-0211520		
Date Assigned:	12/24/2014	Date of Injury:	02/22/2006
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female with a date of injury of 2/22/06. The mechanism of injury was picking up a box weighing 20-30 pounds. She is being treated for lumbar disc disease with radiculitis, degeneration of lumbar disc, lumbar post laminectomy syndrome and RSD of the lower limb. Subjective findings on 10/13/14 include pain on all body areas including neck, back and lower extremities of 9/10 and worsening depression over denied medications. Objective findings include lumbar spine with restricted range of motion in all planes, cervical spine with moderate decrease in ROM, normal 5/5 motor strength in upper extremities, normal sensation in upper extremities, + trigger points and normal DTRs. Treatment thus far has consisted of status post right L4-5 and L5-S1 laminectomy, water therapy, psychological counseling, psychiatry, medications (gabapentin, hydrocodone/APAP, Vicodin, trazodone, diazepam, cyclobenzaprine, Naprosyn, Lidoderm patches, omeprazole, Senna, Colace, hydrocodone, omeprazole), physical therapy and activity modification. The Utilization Review on 12/5/14 found the request for lidocaine 5% patch to be non-certify due to lack of documentation of failure of first-line agents in treating her pain. The request for Senna 8.6mg #60 to be non-certify due to lack of documentation of constipation. The request for Colace 100mg #60 to be non-certify due to lack of documentation of constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics. Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical).

Decision rationale: Chronic Pain Medical Treatment Guidelines state "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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics." ODG further details, "Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail other first-line therapy used and what the clinical outcomes resulted. As such, the request for Lidoderm 5% patches is not medically necessary. As such, the request for Lidoderm 5% is not medically necessary.

Senna 8.6mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment. Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, docusate and Senna.

Decision rationale: Docusate and sennoside are stool softeners and laxatives, respectively. This patient is undergoing treatment with hydrocodone/APAP, which is an opioid. The length of time this patient has been on this medication is unknown. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". Uptodate states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives". The treating physician does not document any attempts at first line therapy and does not document the results of the first line therapy. Additionally, the medical documents did not include complaints of bowel dysfunction. As such, the request for Senna Laxative 8.6 mg # 60 is not medically indicated at this time.

Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pr/docusate-soduim.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment. Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, docusate and Senna.

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does not document any attempts at first line therapy and does not document the results of the first line therapy. Additionally, the medical documents did not include complaints of bowel dysfunction. As such, the request for Colace 100 mg #60 is not medically indicated at this time.