

Case Number:	CM14-0213071		
Date Assigned:	12/30/2014	Date of Injury:	08/10/2004
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/19/2014

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: California
 Certification(s)/Specialty: Internal Medicine

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 an injured worker with a history of lumbar back conditions. Date of injury was August 10, 2004. The secondary treating physician's progress report dated October 1, 2014 documented subjective complaints. The patient complains of constant neck pain rated 8/10 which radiates to the bilateral upper extremities with soreness. He also complains of constant low back pain rated 7/10 which radiates to the bilateral lower extremities with tingling and throbbing pain. He also reports swelling in the right wrist. He states that his neck and low back pain feels the same since his last visit. He also reports ringing in his bilateral ears. The patient has normal bowel movement. His quality of life is limited due to pain. He is currently on Norco and Lidoderm patch. He denies side effects from these medications. The patient is attending physical therapy twice a week for the cervical and lumbar spine. The patient weighs 260 pounds. He has lost five pounds since his last visit. Physical examination was documented. The patient is 70 inches tall and weighs 260 pounds with BMI of 37. Blood pressure reading is 135/91. Examination reveals no redness, swelling and drainage over the procedure site of radiofrequency ablation at the bilateral L3, L4 and L5. Diagnoses included lower extremity radiculopathy, anxiety and depression, degenerative disc disease at L4-L5 and L5-S1, chronic facet arthropathy at L4-L5 bilaterally with facet syndrome, status post medial branch and dorsal ramus radiofrequency neurotomies at L3, L4 and L5 bilaterally, partial tear of the supraspinatus and infraspinatus tendon, tendinitis of the supraspinatus tendon, low back pain and facet arthropathy, left L4 and L5 trigger points and spasm with radiating pain down the lower extremity, and facet arthropathy at bilateral L4 to S1. Treatment plan was documented. The patient is to continue

with reduced-calorie diet, home exercise program, including biking, swimming, and stretching and strengthening program for core stabilization. The patient is to continue with physical therapy to the cervical spine and lumbar spine. The patient was given a prescription for Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #120 DOS: 10/1/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Page(s): 74-96, 181-183, 212-214, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. No musculoskeletal physical examination was documented in the secondary treating physician's progress report dated October 1, 2014. No tenderness was documented on physical examination. Norco is a schedule II Hydrocodone combination product. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for Norco 10/325 mg is not supported by MTUS and ACOEM guidelines. Therefore, the request for Norco 10/325mg #120 DOS: 10/1/14 is not medically necessary.

Retrospective Lidoderm patch 5% #90, DOS: 10/1/14: 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 (Lidocaine patch). Topical Analgesics. Page(s): 56-57, 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidoderm patch 5% #90, DOS: 10/1/14 is not medically necessary.

Retrospective Flubiprofen/Baclofen/Cyclobenzaprine/Gabapentin/Lidocaine 180gm, DOS: 10/1/14: 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 Analgesics. Page(s): 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the use of topical products containing Gabapentin. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. MTUS guidelines do not support the use of compounded topical analgesics containing Baclofen. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical product containing Gabapentin, Baclofen, and Cyclobenzaprine is not supported by MTUS. Therefore, the request for Flubiprofen/Baclofen/Cyclobenzaprine/Gabapentin/Lidocaine 180gm, DOS: 10/1/14 is not medically necessary.

Retrospective Capsaicin/Menthol/Camphor/Tramadol/Gabapentin/Cyclobenzaprine 180gm, DOS: 10/1/14: 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 Analgesics. Page(s): 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the use of topical products containing Gabapentin. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical product containing Gabapentin and Cyclobenzaprine is not supported by MTUS. Therefore, the request for Capsaicin/Menthol/Camphor/Tramadol/Gabapentin/Cyclobenzaprine 180gm, DOS: 10/1/14 is not medically necessary.

Physical therapy to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine. Definitions Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment Official Disability Guidelines (ODG) Preface Physical Therapy Guidelines Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) recommend 10 visits for lumbar sprains and strains. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The secondary treating physician's progress report dated October 1, 2014 documented that the patient was attending physical therapy twice a week for the cervical and lumbar spine. Physical therapy to the cervical spine and lumbar spine was requested. The number of physical therapy treatments was not specified. No functional improvements with past physical therapy treatments were documented. Because function improvements were not documented, the request for additional PT physical therapy visits is not

supported by MTUS or ODG guidelines. Therefore, the request for physical therapy to the lumbar spine is not medically necessary.