

Case Number:	CM14-0215588		
Date Assigned:	01/05/2015	Date of Injury:	05/08/2008
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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: 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 53-year-old male, who was injured on May 8, 2008, while performing regular work duties. The records indicate the injured worker sustained a back injury which left a bone fragment that severed a nerve in the spine. The injury occurred while the injured worker was lifting a heavy pipe, causing the left leg to go numb. The records indicate the injured worker has received treatment which included medications, transcutaneous electrical nerve stimulation unit, physical therapy, home exercise program, multiple back surgeries, and epidural steroid injections. A magnetic resonance imaging of the lumbar spine on June 2, 2008, reveals disc bulging and protrusion. A magnetic resonance imaging taken in January 2013, reveals no evidence of spinal cord impingement or disc herniation. The records indicate the injured worker has been using Oxycodone, Baclofen, and Lidoderm patches since at least April, 2013. The medical records do not indicate a failure of first-line medications for neuropathic pain. The body part for the Lidoderm Patch application is not indicated within the records. The records indicate the injured worker has been using Temazepam since at least November 2013. The records are not clear as to the functional gains or measurement of functional gains with the use of Oxycodone and acetaminophen. The request for authorization is for Lidoderm Patch 5%, quantity #60; Baclofen 10 mg, quantity #120; Temazepam 30 mg, quantity #30; Trazadone 50 mg, quantity #60; Oxycodone and acetaminophen 10/325 mg, quantity #90. The primary diagnoses are thoracic region post-laminectomy syndrome, and low back pain. On December 15, 2014, Utilization Review approved the request for Trazadone 50 mg, quantity #60; and provided a modified certification for Baclofen 10 mg, quantity #90; Temazepam 30 mg, quantity #10;

Oxycodone and acetaminophen 10/325 mg, quantity #60; and non-certified the request for Lidoderm Patch 5%, quantity #60, based on MTUS, Chronic Pain Medical Treatment, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5 Percent #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical analgesic Page(s): 56-57 and 111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

Decision rationale: This patient presents with back pain, left leg pain, depression, penile numbness. The treater has asked for LIDODERM PATCHES 5% #60 but the requesting progress report is not included in the provided documentation. Patient has been using Lidoderm, for years, and is currently using them per 1/29/13 QME report. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that 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. In this case, the patient has chronic back pain. The treater is requesting Lidoderm patches, which the patient has been using for years without documentation of its efficacy. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. In addition, the patient appears to be using Lidoderm patches for his back pain, which is not indicated. The request IS NOT medically necessary.

Baclofen 10 MG #120: Upheld

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

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

Decision rationale: This patient presents with back pain, left leg pain, depression, penile numbness. The treater has asked for BACLOFEN 10MG #120 but the requesting progress report is not included in the provided documentation. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Effective in reducing pain and muscle tension, and

increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has chronic back pain but there is no documentation of an exacerbation. The treater has requested Baclofen but does not indicate it is for short-term use as per MTUS guidelines. The request IS NOT medically necessary.

Temazepam 30 MG #30: Upheld

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

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

Decision rationale: This patient presents with back pain, left leg pain, depression, penile numbness. The treater has asked for TEMAZEPAM 30MG #30 but the requesting progress report is not included in the provided documentation. The patient has been taking Temazepam since 9/2/14 report. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. Patient has been taking the benzodiazepine since 9/2/14, and is still taking it as of 11/19/14 report. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. The request IS NOT medically necessary.

Oxycodone and Acetaminophen 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78 and 88-89.

Decision rationale: This patient presents with back pain, left leg pain, depression, penile numbness. The treater has asked for OXYCODONE AND ACETAMINOPHEN but the requesting progress report is not included in the provided documentation. Patient has been taking oxycodone/acetaminophen since 3/21/13 per 12/20/13 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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. In this case, the treater indicates a decrease in pain with current medications which include Oxycodone/Acetaminophen, stating "pain rated 7/10 after pain pills, and 8-9/10 before pain pills" per 11/19/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily

living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.