

Case Number:	CM15-0010449		
Date Assigned:	01/28/2015	Date of Injury:	01/17/1991
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year old female, who sustained an industrial injury on January 17, 1991. She has reported slipping, falling and injuring her back and right shoulder. The diagnoses have included lumbar radiculitis/neuritis, post-laminectomy syndrome of the lumbar region and long-term use of medications. Treatment to date has included lumbar spinal surgery, physical therapy with a home exercise program, pain medication, sleep medication, lumbar nerve blocks and a spinal cord stimulator. Currently, the IW complains of localized pain in the low back, bilateral hips, and right lower extremity. Numbness, pounding, pins, and needle sensation characterized pain. The worker reported pain relief for "many weeks" following last nerve block but pain had started coming back in the previous two to three weeks. The worker reported an 80 percent improvement in pain for about six weeks. On January 5, 2015, the Utilization Review decision non-certified a request for a right lumbar selective nerve root injection at the L4-L5 and L5-S1, Tylenol with codeine #4, count 120, Temazepam 15mg, count 60 with no refill and Lidocaine patch five percent, count 30, no refills. The rationale stated the worker had been on opioids long term and the documentation did not reflect any functional improvement, return to work or reduction of medication. Sleep medications are indicated per the guidelines for short-term use and the worker had been on this medication for a long period. The topical patches were not indicated because there was no documentation of localized, peripheral neuropathic pain to support the usage. The nerve block was non-covered based on the lack of documentation of functional improve or reduction of medication because of previous injections. The MTUS Chronic Pain Medical Treatment Guidelines and the ACOEM Guidelines was cited. On January

19, 2015, the injured worker submitted an application for IMR for review of a right lumbar selective nerve root injection at the L4-L5 and L5-S1, Tylenol with codeine #4, count 120, Temazepam 15mg, count 60 with no refill and Lidocaine patch five percent, count 30, no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar selective nerve root injection at L4-L5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, Page(s): 46.

Decision rationale: The claimant is more than 20 status post work-related injury and continues to be treated for low back and lower extremity pain. A prior epidural steroid injection is referenced as providing more than 80% pain relief lasting for six weeks. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and therefore medically necessary.

Tylenol with Codeine #4, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 20 status post work-related injury and continues to be treated for low back and lower extremity pain. Medications include Tylenol #4 at a total morphine equivalent dose (MED) of 24 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, Tylenol #4 (codeine//acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Tylenol #4 was medically necessary.

Temazepam 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

Decision rationale: The claimant is more than 20 status post work-related injury and continues to be treated for low back and lower extremity pain. Temazepam is a benzodiazepine which is not recommended for longterm use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of his condition and therefore the continued prescribing of temazepam was not medically necessary

Lidocaine patch 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant is more than 20 status post work-related injury and continues to be treated for low back and lower extremity pain. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. However, this claimant does not have localized peripheral pain. Lidoderm 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 postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.