

Case Number:	CM15-0012697		
Date Assigned:	01/30/2015	Date of Injury:	11/27/2002
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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: 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:

This 57 year old woman sustained an industrial, injury on 11/27/2002 to her low back after a chair here was accidentally pulled and she was forced forward in relation to her legs. Current diagnoses include superimposed back strain at L5-S1 spinal stenosis secondary to congenial L5-S1 grade 2 spondylolisthesis and degenerative disc osteophyte, chronic low back pain, chronic pain syndrome, lumbar radiculopathy, degenerative disc disease L3-L4 and L4-L5. Treatment has included oral medications and surgical intervention. Physician notes dated 1/5/2015 show continued elevated back pain and left leg numbness and weakness. The worker states she is attending narcotics anonymous twice per month and the Methadone, Norco, and Lidoderm have helped some with pain control while her bak brace helps with daily functioning. Medications were refilled. The worker remains permanently disabled. There is documentation to support a detoxification process that began per physician note dated 5/21/2014. Further, these prescriptions have been active per physician notes dated back to 6/23/2014 despite recommendations for Naprosin, with Tramadol for flare ups, dated 6/19/2014. On 1/12/2015, Utilization Review evaluated prescriptions for Norco 10/325 mg four tomes daily #120, Methadone 10 mg four times daily #120, Prilosec 20 mg twice daily #60, and Lidoderm patch #60; that were submitted on 1/14/2015. The UR physician noted the following: regarding the Norco and Methadone, the worker has had numerous addictive issues in the past and was previously detoxified from these medications. These medications cannot be certified on a worker's compensations basis. Regarding the Prilosec, the worker is not taking NSAID medication and does not have a documented gastrointestinal disorder. Regarding Lidoderm, no documentation was submitted to

support that a first line agent for neuropathic pain has been trialed and failed. The MTUS, ACOEM Guidelines (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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, 88-89.

Decision rationale: The 57 year old patient presents with low back pain and left leg numbness and weakness, as per progress report dated 12/04/14. The request is for NORCO 10/325 mg # 120. The RFA for this case is dated 01/05/15, and the patient's date of injury is 11/27/02. The patient is status post posterior lumbar fusion with instrumentation on 08/03/10, as per nurse progress report dated 11/24/14. Medications, as per progress report dated 01/05/15, included Norco, Methadone, Prilosec, Lidoderm and Voltaren gel. Diagnoses included chronic low back pain, chronic pain syndrome, and lumbosacral radiculopathy. The patient is permanently disabled, as per the same progress report. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first mentioned in progress report dated 04/24/14, and the patient has been taking the medication consistently at least since then. In progress report dated 12/04/14, the treater states that the medication is for breakthrough pain and along with methadone and Lidoderm, it does provide some pain control. However, in progress report dated 06/23/14, the treater states that the patient quit a drug rehab program due to conflict with a staff member. A nurse progress report dated 11/24/14, states that "No opiates to be certified at this time due to claimant detoxed then left rehab early against medical advice." Additionally, the progress reports do not document a change in pain scale due to use of the opioid. The treater does not use a validated measurement scale to demonstrate a specific increase in function. Although a UDS report dated 07/07/14 was provided, no CURES reports are available for review. The treater does not list the side effects associated with opioid use. MTUS guidelines require a clear discussion about the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Methadone 10mg #120: 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, 88-89, 90.

Decision rationale: The 57 year old patient presents with low back pain and left leg numbness and weakness, as per progress report dated 12/04/14. The request is for METHADONE 10mg # 120. The RFA for this case is dated 01/05/15, and the patient's date of injury is 11/27/02. The patient is status post posterior lumbar fusion with instrumentation on 08/03/10, as per nurse progress report dated 11/24/14. Medications, as per progress report dated 01/05/15, included Norco, Methadone, Prilosec, Lidoderm and Voltaren gel. Diagnoses included chronic low back pain, chronic pain syndrome, and lumbosacral radiculopathy. The patient is permanently disabled, as per the same progress report. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Methadone is first mentioned in progress report dated 04/24/14, and the patient has been taking the medication consistently at least since then. In progress report dated 12/04/14, the treater states that the medication is for long-acting pain control and along with Norco and Lidoderm, it does provide some pain control. However, in progress report dated 06/23/14, the treater states that the patient quit a drug rehab program due to conflict with a staff member. A nurse progress report dated 11/24/14, states that "No opiates to be certified at this time due to claimant detoxed then left rehab early against medical advice." Additionally, the progress reports do not document a change in pain scale due to use of the opioid. The treater does not use a validated measurement scale to demonstrate a specific increase in function. Although a UDS report dated 07/07/14 was provided, no CURES reports are available for review. The treater does not list the side effects associated with opioid use. MTUS guidelines require a clear discussion about the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The 57 year old patient presents with low back pain and left leg numbness and weakness, as per progress report dated 12/04/14. The request is for PRILOSEC 20 mg # 60. The RFA for this case is dated 01/05/15, and the patient's date of injury is 11/27/02. The patient is status post posterior lumbar fusion with instrumentation on 08/03/10, as per nurse progress

report dated 11/24/14. Medications, as per progress report dated 01/05/15, included Norco, Methadone, Prilosec, Lidoderm and Voltaren gel. Diagnoses included chronic low back pain, chronic pain syndrome, and lumbosacral radiculopathy. The patient is permanently disabled, as per the same progress report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec is first noted in progress report dated 04/24/14, and the patient has been taking the medication consistently at least since then. In progress report dated 12/04/14, the treater states that Prilosec helps with 'medication-related GI upset.' The progress reports, however, do not document the use of an oral NSAID, although the patient has been using Voltaren gel during this time. MTUS guidelines recommend the use of Prilosec only when there is a concurrent use of NSAIDs, ASA, corticosteroids, and/or an anticoagulants. Hence, the request IS NOT medically necessary.

Topical Lidoderm Patch #60: Upheld

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

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

Decision rationale: The 57 year old patient presents with low back pain and left leg numbness and weakness, as per progress report dated 12/04/14. The request is for TOPICAL LIDODERM PATCH # 60. The RFA for this case is dated 01/05/15, and the patient's date of injury is 11/27/02. The patient is status post posterior lumbar fusion with instrumentation on 08/03/10, as per nurse progress report dated 11/24/14. Medications, as per progress report dated 01/05/15, included Norco, Methadone, Prilosec, Lidoderm and Voltaren gel. Diagnoses included chronic low back pain, chronic pain syndrome, and lumbosacral radiculopathy. The patient is permanently disabled, as per the same progress 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, a prescription for Lidoderm patch is first noted in progress report dated 04/24/14, and the patient has been using it consistently at least since then. In progress report dated 12/04/14, the treater states that the patch is for "topical control of pain/inflammation." In the same report, the treater also states that along with Norco and Methadone, it does provide some pain control. However, the treater does not document its efficacy in terms of specific reduction in pain and improvement in function. Additionally, there

is no diagnosis of neuropathic pain for which the Lidoderm patch is indicated. Hence, the request IS NOT medically necessary.