

Case Number:	CM15-0012909		
Date Assigned:	01/30/2015	Date of Injury:	05/20/2013
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/22/2015

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: Preventive Medicine, Occupational 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 injured worker is a 50 year old female with an industrial injury dated 05/20/2013 while working as a flight attendant. She states she was strapped in and buckled up while the plane was preparing for takeoff and was moving at speeds of 100-150 per hour when an alarm sounded and the pilot stepped on the brakes. She states she was thrown backwards in her seat and experienced pain in the right side of her low back. She presented for follow up on 12/23/2014 for lower backache. She rated her pain as 3 on a scale of 1-10 with medications and 10 on a scale of 1-10 without medications. She denies any new problems or side effects. Physical exam revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted. Gaenslen's, FABER and pelvic compression test are positive. There was tenderness over the sacroiliac joint and the trochanter on the right. Lumbar facet loading is positive on the right side. Current medications include Lyrica, Norco, Baclofen and Effexor FR. Prior surgical history includes cervical spine fusion at the cervical 6-7 level in 2008. MRI of the lumbar spine on 09/04/2013 showed multi-level posterior bulging and herniated discs with posterior annular tears. The disc at lumbar 5 - sacral 1 touches both sacral 1 nerve roots in the spinal canal and also impinges upon the right exiting nerve root. Diagnosis was lumbar radiculopathy, lumbar facet syndrome, low back pain and hip bursitis. Prior treatments include physical therapy with mild pain relief, exercise program, TENS unit, lumbar epidural steroid injections, right trochanteric bursa injection, facet joint injections, trigger point injections, steroid injection to the right hip and medications. On 01/16/2015 the request for Baclofen 20 mg # 60 was non-certified.

MTUS and ODG were cited. Lidoderm 5 % patch (700 mg patch) # 30 was non-certified. MTUS was cited. Norco 10/325 mg # 60 was non-certified. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) section Weaning of Medications section Page(s): 63, 64, 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is among the muscle relaxant medications with the most limited published evidence in terms of clinical effectiveness. Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation are commonly reported side effects with the use of Baclofen. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The injured worker has been treated chronically with Baclofen. Baclofen is recommended for short periods, not continuous chronic treatment. The injured worker is not reported to have a new injury or acute exacerbation that may benefit from short term use of Baclofen. The request for Baclofen 20mg # 60 is determined to not be medically necessary.

Lidoderm 5% Patch (700mg patch) # 30: 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) section.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records do not indicate that the injured worker has failed trials of antidepressants and anticonvulsants prior to utilizing Lidoderm patch. The medical records also do not describe symptom relief and objective functional improvement with the use of Lidoderm patches. The request for Lidoderm 5% Patch (700mg patch) # 30 is determined to not be medically necessary.

Norco 10/325mg # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and she needs these medications to remain functional. The requesting physician is also taking measures to assess for aberrant behaviour that may necessitate immediate discontinuation of the medications. Periodic urine drug screening has been consistent with prescribed medications. The injured workers opioid medication dosing has been reduced from Norco 10/325 mg three tablets per day to two tablets per day in October 2014. She is instructed to use Norco on PRN basis and has been sufficiently advised regarding the risks of opioid pain medications. She is on modified duty and has a home exercise program. Medical necessity of this request has been established within the recommendations of the MTUS Guidelines. The request for Norco 10/325mg # 60 is determined to be medically necessary.