

Case Number:	CM15-0121553		
Date Assigned:	07/02/2015	Date of Injury:	03/04/2013
Decision Date:	08/10/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York

Certification(s)/Specialty: Emergency 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 45-year-old male, with a reported date of injury of 03/04/2013. The mechanism of injury was the loss of balance and fall onto the conveyor belt. His lower back struck a metal tube by the conveyor. The injured worker's symptoms at the time of the injury included lower back discomfort and pain, and right elbow pain. The diagnoses include low back pain, lumbar spine disc herniation without myelopathy, lumbar enthesopathy, lumbar myalgia, lumbar myospasm, lumbar neuritis/radiculitis, persistent symptomatic lateral epicondylitis of the right elbow, lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy, thoracic myoligamentous injury, and medication-induced gastritis. Treatments and evaluation to date have included two lumbar epidural steroid injections which provided at least 60% benefit, oral medications, topical pain medication, right elbow cortisone injection, extensor tendon release on the right elbow, a TENS (transcutaneous electrical nerve stimulation) unit, and physical therapy. The diagnostic studies to date have included an MRI of the cervical spine on 03/29/2014 which showed posterior disc herniations with joint degenerative changes; an MRI of the lumbar spine on 03/29/2014 which showed disc herniations with mild bilateral neural foraminal narrowing; an MRI of the lumbar spine on 05/11/2015 which showed chronic degenerative disc disease at L4-5 and spurring to the right of midline at L5-S1 with L5 spondylolysis; x-rays of the lumbar spine on 05/11/2015 which showed L5 spondylosis with slight spondylolisthesis and advanced degenerative disc disease at L4-5; an MRI of the right elbow on 11/06/2013 which showed focal erosion at the medial margin of the radial head; and urine drug screenings. The follow-up pain management consultation report dated 06/01/2015 indicates that the injured worker continued to have low back pain with radiation down both lower extremities. He stated that the pain could go as high as 8 out of 10; and decrease to 6 out of 10 on his current medical regimen. The injured worker has been told that he may be a candidate for surgery due to his ongoing low back pain. It was noted that the injured worker's

right elbow pain persisted. He relied mostly on Ultracet, one tablet two times a day along with Anaprox (Naproxen), which has been beneficial. A prescription for Neurontin was written due to his ongoing neuropathic and radicular symptoms. An examination of the right elbow showed tenderness on the lateral aspect of the elbow and extensor tendon and a well-healed scar. An examination of the lumbar spine showed a normal posture, normal lumbar lordosis, no evidence of scoliosis or increased thoracic kyphosis, tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region, trigger points and taut bands with tenderness to palpation throughout, decreased flexion, extension, left lateral bend, and right lateral bend, decreased sensation to pinprick in the left posterolateral thigh and lateral aspect of the foot in the L5-S1 distribution, and positive left straight leg raise test. The medical report dated 04/01/2015 indicates that the injured worker remained symptomatic with difficulty performing his ADLs (activities of daily living). There was no documentation about the injured worker's work status. The treating physician requested Lidoderm 5% patch, Neurontin, Doral tablet (Quazepam), Naproxen, and Tramadol/acetaminophen (Ultracet).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine); functional improvement Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines: Lidoderm (lidocaine patch); Topical Analgesics.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. The guidelines recommend Lidoderm only for localized peripheral neuropathic pain after trials of tricyclic or SNRI (serotonin- norepinephrine reuptake inhibitor) anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica. The medical report dated 04/01/2015 indicated that a prescription for Neurontin (Gabapentin) was written but denied by insurance carrier. There is no documentation that the injured worker had a trial of an anti-depressant or anti-epileptic drug. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. There was documentation that the injured worker had ongoing neuropathic and radicular pain. The injured worker received Lidoderm patch for his right elbow, which had been beneficial; however, the request does not meet all of the guideline recommendations. Therefore, the request for Lidoderm patch is not medically necessary.

Neurontin 300 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines: Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin), and Neurontin Page(s): 16-17, 49, and 67.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is a brand name for Gabapentin. Anti-epilepsy drugs are recommended for neuropathic pain. There was documentation that the injured worker had ongoing neuropathic and radicular pain. He has been diagnosed with lumbar neuritis/radiculitis. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The injured worker should be asked at each visit as to whether there has been a change in pain or function. The guidelines also indicate that Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week. The medical report dated 04/01/2015 indicated that a prescription for Neurontin (Gabapentin) was written but denied by insurance carrier. There is no indication that the injured worker had started Neurontin. Therefore, the request for Neurontin is medically necessary.

Doral tablet (Quazepam) 15 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term effectiveness is unproven and there is a risk of dependence. Most guidelines limit its use to four weeks. Doral (Quazepam) is a benzodiazepine and a sleep aid. The medication was started on 06/01/2015, since the injured worker was only sleeping three to four hours at night. There was documentation that the medication (1 tablet at bedtime as needed; quantity for 1 month) was dispensed in the office. There is not discussion regarding the IW sleep patterns and factors affecting the sleep environment. The non-MTUS Official Disability Guidelines (ODG) do not recommend benzodiazepines for longer than two weeks. The ODG does not recommend them as first-line medications. Therefore, the request for Doral tablet is not medically necessary.

Naproxen 550 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - NSAIDs (non steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Naproxen, and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 66, and 67-68.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be justified. The guidelines state that "Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." The guidelines also indicate that for osteoarthritis, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is inconsistent evidence for the use of these medications for the treatment of long-term neuropathic pain; however, NSAIDs may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. There is documentation that the injured worker had ongoing lumbar neuropathic and radicular pain. The injured worker has been on NSAIDs since 2013. The request exceeds the guideline recommendations. Therefore, the request for Naproxen is not medically necessary.

Tramadol/Acetaminophen (Ultracet) 325/37.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen, Opioids, and Tramadol (Ultram) Page(s): 11-12, 74-96, and 113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. The injured worker was started on Naprosyn (an anti-inflammatory med) since at least 03/04/2013. Acetaminophen is recommended for the treatment of chronic pain and acute exacerbations of chronic pain. For chronic low back pain, acetaminophen has been recommended as a first-line therapy; however, recent systematic reviews failed to find evidence to support the view that acetaminophen was effective for the treatment of non-specific low back pain. There is documentation that a prescription for Tramadol was dated since 11/12/2013. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. Routine urine drug tests have been performed. The most recent test (06/01/2015) was negative for opiates. There was documentation that it was inconsistent, since the injured worker took Norco as needed. The urine drug test performed on 04/01/2015 was positive for opiates and consistent. The guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. Therefore, the request for Tramadol/acetaminophen (Ultracet) is not medically necessary.