

Case Number:	CM15-0123748		
Date Assigned:	07/08/2015	Date of Injury:	08/28/2003
Decision Date:	09/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: Pediatrics, Internal 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 70 year old male who sustained an industrial injury on 8/28/03. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, other symptoms referable to back, chronic pain syndrome, insomnia due to medical condition classified elsewhere and drug induced constipation. Currently, the injured worker was with complaints of chronic low back pain. Previous treatments included epidural injections, facet injections, physical therapy, aquatic therapy, oral opioids, oral muscle relaxants and activity modification. Previous diagnostic studies included lumbar spine magnetic resonance imaging. The injured workers pain level was noted as 3-4/10 with the use of medications and 6-8/10 without the use of medications, noting the use of medication s allows the injured worker to complete necessary activities of daily living. Physical examination was notable for tenderness and tightness in the lumbosacral region of spine, right side greater than left, decreased range of motion. The plan of care was for Lidoderm 5% quantity of 30, Flexeril 10 milligrams quantity of 30, Soma 350 milligrams quantity of 45, Norco 10/325 milligrams quantity of 90 and a bilateral L4, L5, ALAR, S1 radiofrequency rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-67.

Decision rationale: The request is for Lidoderm 5% quantity of 30. The injured worker was with complaints of chronic low back pain. CA MTUS recommendations state that topical lidocaine may be recommended for localized peripheral pain after evidence of a trial of a first-line therapy (try-cyclic or SNRI anti-depressant or an AED such as gabapentin or Lyrica). MTUS specifies that topical lidocaine is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Provider documentation does not show a trial of a first-line therapy as recommended by CA MTUS. The injured worker has been on this medication since 10/29/2014. As such, the request for Lidoderm 5% quantity of 30 is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-64, 41-42.

Decision rationale: The request is for Flexeril 10 milligrams quantity of 30. The injured worker was with complaints of chronic low back pain. CA MTUS recommendations state Cyclobenzaprine (Flexeril) is to be used as an option, using a short course of therapy further stating, "The addition of cyclobenzaprine to other agents is not recommended." CA MTUS also recommends, "muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." Documentation does not give evidence the clear efficacy of this medication for injured workers pain. Additionally, the injured worker is utilizing other medications and adding Flexeril is not recommended. As such, the request for Flexeril 10 milligrams quantity of 30 is medically unnecessary.

Soma 350mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol/Soma, Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma) Page(s): 63-64, 29.

Decision rationale: The request is for Soma 350 milligrams quantity of 45. The injured worker was with complaints of chronic low back pain. CA MTUS states Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAID has no demonstrated benefit, although they have been shown to be useful as antispasmodics. CA MTUS guidelines do not support the chronic use of Soma. Soma is indicated only for short term use with reservation. There is no indication for continued use of Soma in the chronic setting based upon the guideline criteria. As such, the request for Soma 350 milligrams quantity of 45 is medically unnecessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids, On-Going Management of Opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request is for Norco 10/325 milligrams quantity of 90. The injured worker was with complaints of chronic low back pain. CA MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Additionally, a pain contract was not included in the provided documentation. As such, the request for Norco 10/325 milligrams quantity of 90 is medically unnecessary.

Bilateral L4, L5, ALAR, S1 radiofrequency rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request is for a bilateral L4, L5, ALAR, S1 radiofrequency rhizotomy. The injured worker was with complaints of chronic low back pain. CA MTUS American College of Occupation and Environmental Medicine recommendations state that "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the

need for surgery." Provider documentation states the injured worker has had success with previous spinal injection (epidural and facet) however dates of these previous injections are not provided and there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. As such, the request for a bilateral L4, L5, ALAR, S1 radiofrequency rhizotomy is medically unnecessary.