

Case Number:	CM15-0126993		
Date Assigned:	07/13/2015	Date of Injury:	06/13/1997
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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:

The injured worker is a 65 year old female who sustained a work related injury June 13, 1997. Past history included hypertension and diabetes, s/p right acromioplasty, SLAP repair, Mumford and rotator cuff repair, 7/7/2011. According to a primary treating physician's progress report, dated June 12, 2015, the injured worker presented for ongoing care regarding her low back pain. The pain is rated 7/10 and described as aching burning, shooting and sore and radiating to the buttocks. She also reports radicular pain in the right and left leg with weakness. There is no evidence of drug abuse, diversion, or aberrant behavior for medication. Current medication included Aciphex, Amitriptyline, Celebrex, Cymbalta, Glucophage, Hydroxychloroquine, Lidoderm patch, Lisinopril, Lunesta, Lyrica, Norco, Tenormin, Tolazamide, and Zanaflex. Objective findings included; L5 dermatome demonstrates decreased light touch sensation on the right. The lumbar spine reveals a positive pelvic thrust right, positive FABER maneuver bilateral, positive Gaenslen's maneuver left, and positive Patrick's left. There is pain to palpation over the L3-L4, L4-L5, and L5-S1 facet capsules bilateral, pain with rotational extension, secondary myofascial pain with triggering and ropey fibrotic banding bilateral and positive stork test, left. Assessment is documented as lumbalgia; 2mm disc bulges L3-4, L4-5, and smaller L5- S1; facet tears right L1-L5; s/p neurolysis nerve roots 2/2008; right rotator cuff impingement; osteoarthritis, bilateral hip. At issue, is the request for authorization for Lidoderm patch, Norco, Eszopiclone, and Rabeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56, 57, 112.

Decision rationale: The patient presents with lumbar, upper and mid back pain rated 7/10. Patient is experiencing back stiffness, radicular pain in right and left leg and weakness in right and left leg. The request is for Lidoderm Patch 5%. The request for authorization is not provided. Physical examination of the lumbosacral reveals positive pelvic thrust right, positive FABER maneuver bilateral, positive Gaenslen's maneuver left, positive Patrick's maneuver left, pain to palpation over the L3 to L4, L4 to L5 and L5 to S1 facet capsules bilateral, pain with rotational extension indicative of facet capsular tears bilateral, secondary myofascial pain with triggering and ropey fibrotic banding bilateral and positive stork test left. The patient has been continuing note substantial benefit of the medications, and she has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, she has no side effects, no complications, no aberrant behavior, UDS on 12/12/14, the most recent was WDL, she has no signs of illicit drug abuse, diversion and habituation, with about 60% improvement in pain Patient's medications include Aciphex, Amitriptyline, Celebrex, Cymbalta, Glucophage, Hydroxychloroquine, Lidoderm patch, Lisinopril, Lunesta, Lyrica, Norco, Tenormin, Tolazamide, and Zanaflex. Per progress report dated 07/13/15, the patient is permanent and stationary. 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. Treater does not specifically discuss this medication. The patient has been prescribed Lidoderm Patch since at least 07/09/14. However, treater does not document the area for treatment nor discuss functional improvement as required by MTUS. Additionally, Lidoderm Patch is indicated for localized peripheral pain, which the treater does not document. Therefore, the request is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents with lumbar, upper and mid back pain rated 7/10. Patient is experiencing back stiffness, radicular pain in right and left leg and weakness in right and left leg. The request is for Norco 10/325MG. The request for authorization is not provided. Physical examination of the lumbosacral reveals positive pelvic thrust right, positive FABER maneuver bilateral, positive Gaenslen's maneuver left, positive Patrick's maneuver left, pain to palpation over the L3 to L4, L4 to L5 and L5 to S1 facet capsules bilateral, pain with rotational extension indicative of facet capsular tears bilateral, secondary myofascial pain with triggering and ropey fibrotic banding bilateral and positive stork test left. The patient has been continuing note substantial benefit of the medications, and she has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, she has no side effects, no complications, no aberrant behavior, UDS on 12/12/14, the most recent was WDL, she has no signs of illicit drug abuse, diversion and habituation, with about 60% improvement in pain. Patient's medications include Aciphex, Amitriptyline, Celebrex, Cymbalta, Glucophage, Hydroxychloroquine, Lidoderm patch, Lisinopril, Lunesta, Lyrica, Norco, Tenormin, Tolazamide, and Zanaflex. Per progress report dated 07/13/15, the patient is permanent and stationary. 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. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 07/09/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is documentation and discussion regarding adverse effects and aberrant drug behavior. A UDS dated 12/12/14 was performed. Some, but not all of the MTUS requirements are discussed or documented by treater. Therefore, the request is not medically necessary.

Eszopiclone 3mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter and Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter under "Eszopiclone (Lunesta).

Decision rationale: The patient presents with lumbar, upper and mid back pain rated 7/10. Patient is experiencing back stiffness, radicular pain in right and left leg and weakness in right and left leg. The request is for Eszopiclone 3mg. The request for authorization is not provided. Physical examination of the lumbosacral reveals positive pelvic thrust right, positive FABER maneuver bilateral, positive Gaenslen's maneuver left, positive Patrick's maneuver left, pain to palpation over the L3 to L4, L4 to L5 and L5 to S1 facet capsules bilateral, pain with rotational extension indicative of facet capsular tears bilateral, secondary myofascial pain with triggering and ropey fibrotic banding bilateral and positive stork test left. The patient has been continuing note substantial benefit of the medications, and she has nociceptive, neuropathic and inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, she has no side effects, no complications, no aberrant behavior, UDS on 12/12/14, the most recent was WDL, she has no signs of illicit drug abuse, diversion and habituation, with about 60% improvement in pain. Patient's medications include Aciphex, Amitriptyline, Celebrex, Cymbalta, Glucophage, Hydroxychloroquine, Lidoderm patch, Lisinopril, Lunesta, Lyrica, Norco, Tenormin, Tolazamide, and Zanaflex. Per progress report dated 07/13/15, the patient is permanent and stationary. ODG-TWC, Mental & Stress Chapter states: "Eszopiclone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Treater does not specifically discuss this medication. Patient has been prescribed Eszopiclone since at least 07/09/15. In this case, the treater does not document or discuss its efficacy and how it has been or is to be used. Per progress report dated 07/13/15, treater only makes a general statement, "The patient has been continuing note substantial benefit of the medications." Furthermore, the request for additional unspecified quantity of Eszopiclone would exceed MTUS recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Rabeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain (Chronic).

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

Decision rationale: The patient presents with lumbar, upper and mid back pain rated 7/10. Patient is experiencing back stiffness, radicular pain in right and left leg and weakness in right and left leg. The request is for Rabeprazole 20MG. The request for authorization is not provided. Physical examination of the lumbosacral reveals positive pelvic thrust right, positive FABER maneuver bilateral, positive Gaenslen's maneuver left, positive Patrick's maneuver left, pain to palpation over the L3 to L4, L4 to L5 and L5 to S1 facet capsules bilateral, pain with rotational extension indicative of facet capsular tears bilateral, secondary myofascial pain with triggering and ropey fibrotic banding bilateral and positive stork test left. The patient has been continuing note substantial benefit of the medications, and she has nociceptive, neuropathic and

inflammatory pain. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR's reported. Medication was reviewed and DDI was checked, she has no side effects, no complications, no aberrant behavior, UDS on 12/12/14, the most recent was WDL, she has no signs of illicit drug abuse, diversion and habituation, with about 60% improvement in pain. Patient's medications include Aciphex, Amitriptyline, Celebrex, Cymbalta, Glucophage, Hydroxychloroquine, Lidoderm patch, Lisinopril, Lunesta, Lyrica, Norco, Tenormin, Tolazamide, and Zanaflex. Per progress report dated 07/13/15, the patient is permanent and stationary. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Rabeprazole is a PPI similar to omeprazole. Treater does not specifically discuss this medication. Patient has been prescribed Aciphex since at least 07/09/14. In this case, the patient is prescribed Celebrex, an NSAID. However, treater does not discuss or document any GI issues for this patient, and no GI assessment is provided as required by MTUS. Therefore, the request is not medically necessary.