MAXIMUS Federal Services

Case Number:	CM15-0176849		
Date Assigned:	09/17/2015	Date of Injury:	11/01/1992
Decision Date:	10/21/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
Certification(s)/Specialty: 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 65 year old female who sustained an industrial injury on 11-1-92. Progress report dated 7-13-15 reports continued complaints of pain and discomfort of the low back and tailbone. She is status post caudal steroid injection on 6-17-15. She reports 60% relief in pain. Her ability to work has increased and she has decreased her Oxycontin usage to 1-2 per day. The pain is rated 2-3 out of 10 after the injection down from 7-8 out of 10. Diagnoses include: failed back surgery syndrome lumbar, mechanical low back pain, bilateral sacroiliitis, lumbar degenerative disk disease, myofascial pain syndrome, status post spinal cord implant and L3-4 disk bulge. Plan of care: follow up in 2 months, continue acupuncture, continue current medications; norco 10-325 mg twice per day, robaxin 750 mg twice per day, lidoderm 5% patch, and Oxycontin 10 mg 1-2 per day. Work status: disability remains unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary last updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methocarbamol 750mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are failed back surgery syndrome lumbar; mechanical low back pain; bilateral sacroiliitis; lumbar degenerative disc disease; myofascial pain syndrome; status post spinal cord implant; and L3 L4 disc bulge. Date of injury is November 1, 1992. Request for authorization is August 12, 2015. According to a March 9, 2015 progress note, the injured worker had ongoing low back pain with tailbone pain 4/10. Medications included Norco, Robaxin (Methocarbamol), lidocaine patch and OxyContin. According to an April 20, 2015 progress note, medications remained unchanged, but the pain score was now 7/10. According to the most recent progress note dated July 13, 2015, subjective complaints are ongoing low back pain and tailbone pain. The injured worker is status post caudal epidural steroid injection with 60% relief. Objectively, there was tenderness to palpation and stiffness. There was no spasm noted. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider prescribed Robaxin (Methocarbamol), at a minimum, in excess of four months. The guidelines recommend short-term (less than two weeks). There are no compelling clinical facts in the medical record to support the ongoing use of Robaxin. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of acute low back pain or an acute exacerbation of chronic low back pain, no documentation of muscle spasm, no documentation demonstrating objective functional improvement and treatment continued in excess of the recommended guidelines for short-term use (in excess of four months), Methocarbamol 750mg #60 is not medically necessary.

Lidocaine 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine 5%, #30 patches is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria

for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured workers working diagnoses are failed back surgery syndrome lumbar; mechanical low back pain; bilateral sacroiliitis; lumbar degenerative disc disease; myofascial pain syndrome; status post spinal cord implant; and L3 - L4 disc bulge. Date of injury is November 1, 1992. Request for authorization is August 12, 2015. According to a March 9, 2015 progress note, the injured worker had ongoing low back pain with tailbone pain 4/10. Medications included Norco, Robaxin (Methocarbamol), lidocaine patch and OxyContin. According to an April 20, 2015 progress note, medications remained unchanged, but the pain score was now 7/10. According to the most recent progress note dated July 13, 2015, subjective complaints are ongoing low back pain and tailbone pain. The injured worker is status post caudal epidural steroid injection with 60% relief. Objectively, there was tenderness to palpation and stiffness. There was no spasm noted. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. There was no subjective or objective neuropathic pain or objective findings documented in the medical record. There was no documentation of failed first-line treatment with antidepressants and anticonvulsants. There was no documentation demonstrating objective functional improvement to support ongoing Lidoderm 5% patches. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation of failed first-line treatment and no documentation demonstrating objective functional improvement, lidocaine 5%, #30 patches is not medically necessary.