

Case Number:	CM15-0177770		
Date Assigned:	09/29/2015	Date of Injury:	09/14/2006
Decision Date:	12/01/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, Michigan

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 61 year old female who sustained an industrial injury on 9-14-2006. A review of medical records indicates the injured worker is being treated for back pain, lumbar, with radiculopathy, back pain, lumbar, spinal stenosis, lumbar, degenerative disc disease, lumbar spine, numbness, facet arthropathy, and depression. Medical records dated 8-12-2015 noted pain in the right leg, right buttock, right hip, bilateral low back, and bilateral ankles and feet. Least pain was rated a 4 out of 10. Average pain 6 out of 10, and the worst pain an 8 out of 10. Medical records dated 7-17-2017 noted least pain was a 3 out 10, and average pain was a 6 out 10. Medical records dated 8-12-2015 noted current medications continue to be helpful in increasing daily function without causing intolerable effects. Physical examination she transfers independently with no assistive device. Treatment has included Skelaxin, Norco, Lidoderm, and Gabapentin since at least 1-21-2015. Utilization review form dated 8-14-2015 non certified Lidoderm 5% Patch, Skelaxin 800mg #30, Gabapentin 600mg #90, and Norco 10-325mg #42.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch apply 1-3 patches 12 hours off, as needed #4 boxes, refills 4:
Overturned

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): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine is approved for use in the form of a dermal patch. Gels, creams or lotions are not indicated for neuropathic pain and lidocaine is not recommended for non neuropathic pain. A review of the injured workers medical records reveal neuropathic pain with documented improvement in pain and function with her current regimen which include Lidoderm patches, the continued use appears appropriate, therefore the request for Lidoderm 5% patch apply 1-3 patches 12 hours off, as needed #4 boxes, refills 4 is medically necessary.

Gabapentin 600mg take 2 tablets every 8 hours BTC (7a, 3p, 11p), #180, refills 4:
Overturned

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): Anti-epilepsy drugs (AEDs).

Decision rationale: Per the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records reveal neuropathic pain with documented improvement in pain and function with her current regimen which include Gabapentin, the continued use appears appropriate, therefore the request for Gabapentin 600mg take 2 tablets every 8 hours BTC (7a, 3p, 11p), #180, refills 4 is medically necessary.

Norco 10/325mg 1-2 tablets by mouth every 4-6 hours as needed, max 7 day, #210, refills 0: 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): Opioids, criteria for use.

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens, opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records did not reveal documentation of improvement in pain and function with the use of opioids, there were also no ongoing management actions including urine drug screens as required by the guidelines, without this information medical necessity is not established. Therefore, the request for Norco 10/325mg 1-2 tablets by mouth every 4-6 hours as needed, max 7 day, #210, refills 0 is not medically necessary.

Skelaxin 800mg, take 1 tablet by mouth 3 times a day as needed #90 times, refills 4: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. This medication is not recommended for long-term use and there are no extenuating circumstances or documentation of pain or functional improvement that warrant continued use in the injured worker, therefore the request for Skelaxin is not medically necessary.