

Case Number:	CM15-0036021		
Date Assigned:	03/04/2015	Date of Injury:	05/23/1995
Decision Date:	06/11/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 52 year old female, who sustained an industrial injury on 5/23/1995. The diagnoses have included chronic back pain, post laminectomy syndrome, lumbar/thoracic radiculopathy, depressive disorder and trigger finger. The details regarding the initial injury and prior treatments were not submitted for this review. Currently, the IW complains of back pain, hip pain, and incontinence issues. The physical examination from 1/19/15 did not include objective physical findings in the documentation submitted for this review. The plan of care was for continuation of home exercises, medication therapy, and follow up consultation with pain management, psychiatry and orthopedic hand surgeon. On 1/26/2015 Utilization Review non-certified a Oxycodone 5mg #60, Voltaren Gel 1% #3, Senna #120, Lidoderm Patches #90 and Prilosec 20mg #30, and modified certification for Robaxin 50 #30. The MTUS Guidelines were cited. On 2/25/2015, the injured worker submitted an application for IMR for review of Oxycodone 5mg #60, Voltaren Gel 1% #3, Senna #120, Lidoderm Patches #90, Robaxin 50mg #60, and Prilosec 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recommend prospective request for Oxycodone 5 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular low back pain. Documentation fails to demonstrate adequate improvement in level of function to justify continued clinical use of opioids. In the absence of significant response to treatment, the request for Oxycodone 5 mg # 60 is not medically necessary.

Recommend prospective request for Voltaren gel 1% #3 tubs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Voltaren Gel 1% (diclofenac) is a topical nonsteroidal anti-inflammatory drug (NSAID) indicated for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Per MTUS, topical NSAIDS are not recommended for neuropathic pain. MTUS states that topical NSAIDs may be useful for the treatment of chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The injured worker has trigger fingers and complains of chronic low back post laminectomy. Documentation fails to demonstrate significant improvement in pain or level of function on current medication regimen. The request for Voltaren gel 1% #3 tubs is not medically necessary by MTUS.

Recommend prospective request for Robaxin 50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Robaxin. The request for Robaxin 50 mg #60 is not medically necessary per MTUS guidelines.

Recommend prospective request for Lyrica 150 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological basis of therapeutics, physician's desk reference, www.RXlist.com., Official Disability Guidelines (ODG) Workers Compensation Drug Formulare, www.odg-twc/odgtwc/formulary.html-drugs.com. www.online.epocrates.com, www.empr.com-opioid-dose-calculator-AMDD Agency medical directors' group dose calculator www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pregabalin (Lyrica).

Decision rationale: ODG recommends Lyrica (Pregabalin), an anti-convulsant, for treatment of neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica has been FDA approved for the treatment of diabetic neuropathy, Fibromyalgia and post-herpetic neuralgia. The injured worker is diagnosed with post laminectomy syndrome and complains of chronic low back pain with radiculopathy. Documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Lyrica. The request for Lyrica 150 mg #30 is not medically necessary.

Recommend prospective request for Prilosec 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are indicated for treatment of Gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple

NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Prilosec 20 mg #30 is not medically necessary.

Recommend prospective request for Senna #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/>.

Decision rationale: Senna is an FDA-approved nonprescription laxative used to treat constipation and to clear the bowel before diagnostic tests such as colonoscopy. Documentation shows that the injured worker is prescribed this medication for Opioid-induced constipation. The continued use of Senna is reasonable until opioids have been discontinued. The request for Senna #120 is medically necessary.

Recommend prospective request for Lidoderm patches #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Documentation reveals that the injured worker complains of chronic radicular low back pain. Physician reports fail to demonstrate supporting evidence of significant improvement in the injured worker's level of function. The Lidoderm patches #90 is not medically necessary by lack of meeting MTUS criteria.