

Case Number:	CM15-0036592		
Date Assigned:	04/01/2015	Date of Injury:	10/20/2009
Decision Date:	05/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/26/2015

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: 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 28-year-old male who reported an injury on 10/28/2009 due to a slip and fall while carrying a box on the injured worker's shoulders. The injured worker reportedly sustained an injury to his low back that ultimately resulted in surgical intervention. The injured worker's medications included ibuprofen 600 mg, a Lidoderm patch 5%, Colace 250 mg, Senokot 187 mg, Silenor 3 mg, Pristiq Extended Release 100 mg, Lyrica 100 mg, doxepin 10 mg, Zanaflex 4 mg, Norco 10/325 mg, and Lyrica 150 mg. The injured worker's diagnoses included spinal lumbar degenerative disc disease and post lumbar laminectomy syndrome with associated thoracic pain. The injured worker was evaluated on 02/10/2015. It was documented that the injured worker had a 4/10 pain with medications that increased to a 9/10 without medications. It was documented that the injured worker had a decreased activity level and his sleep quality was poor. Physical exam findings included restricted range of motion of the lumbar spine with spinous process tenderness from the L4-5. The injured worker's treatment plan included additional lumbar surgical intervention, and continuation of medications. No Request for Authorization was submitted to support the request. The injured worker was again evaluated on 03/10/2015. It was documented that the injured worker had 4/10 pain with medications that increased to a 9/10 without medications. It was documented that the injured worker was volunteering at a food bank 4 days out of the week for 2 to 3 hours. It was noted that the injured worker's increased standing was contributory to leg numbness. The injured worker was monitored for aberrant behavior with urine drug screens that were consistent with the prescribed medication schedule. The injured worker's treatment plan remained surgical intervention and continued medication for pain control. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The requested Lidoderm patch 5% #30 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of Lidoderm patches for neuropathic pain. However, continued use should be supported by pain relief and functional benefit. The clinical documentation submitted for review does not provide any documentation of significant functional benefit related to the use of this medication. Additionally, the request includes 3 refills. This does not allow for timely re-evaluation and assessment of pain control. As such, the requested Lidoderm patch 5% #30 with 3 refills is not medically necessary or appropriate.

Zanaflex 4mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Muscle Relaxants.

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

Decision rationale: The requested Zanaflex 4mg #60 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the short-term use of muscle relaxants in the management of chronic pain. Guidelines recommend that use of these types of medications be limited to 2 to 4 weeks. The clinical documentation does indicate that the injured worker has been on this medication since at least 09/2014. This in combination with the requested 3 refills exceeds guideline recommendations. Additionally, there is no documentation that the injured worker has any increased functional benefit resulting from the use of this medication. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Zanaflex 4mg #60 with 3 refills is not medically necessary or appropriate.

Norco 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 #180 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, managed side effects, evidence that the patient is monitored for aberrant behavior, and a pain assessment establishing efficacy of treatment. The clinical documentation submitted for review does indicate that the patient is monitored for aberrant behavior and has a reduction in pain resulting from the use of medications. However, the clinical documentation does not provide any indication of functional benefit resulting from the use of medications. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 #180 is not medically necessary or appropriate.

Senokot 187mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Management Page(s): 77.

Decision rationale: The requested Senokot 187mg #60 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use prophylactic use of medications for constipation in conjunction with the use opioids. However, the concurrent request for opioids was not supported. Therefore, the need for prophylactic treatment of constipation would also not be supported. As such, the requested Senokot 187mg #60 with 3 refills is not medically necessary or appropriate.

Colace 250mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Management Page(s): 77.

Decision rationale: The requested Colace 250mg #60 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use prophylactic use of medications for constipation in conjunction with the use opioids. However, the concurrent request for opioids was not supported. Therefore, the need for prophylactic treatment of constipation would also not be supported. As such, the requested Colace 250mg #60 with 3 refills is not medically necessary or appropriate.

Pristiq ER 100mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The requested Pristiq ER 100mg #30 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of antidepressants in the management of chronic pain. However, continued use should be supported by documented functional benefit and pain relief. The clinical documentation submitted for review does indicate that the injured worker has pain relief from the use of medications. However, significant functional benefit is not provided. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. Moreover, the request is for 3 refills. This does not allow for timely reassessment and evaluation of medication usage. As such, the requested Pristiq ER 100mg #30 with 3 refills is not medically necessary or appropriate.

Ibuprofen 600mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested ibuprofen 600mg #30 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs to assist with the management of chronic pain. However, continued use should be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker has 4/10 pain with medications that is increased to 9/10 without medications. However, there is no documentation of significant functional benefit resulting from medication usage. Additionally, the request includes 3 refills. This does not allow for timely reassessment and evaluation of medication usage to establish efficacy. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested ibuprofen 600mg #30 with 3 refills is not medically necessary or appropriate.