

Case Number:	CM15-0067729		
Date Assigned:	04/15/2015	Date of Injury:	11/28/2001
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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: Pennsylvania

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 61 year old male who sustained an industrial injury on 11/28/2001. He reported twisting his back. Diagnoses have included lumbar radiculitis, status post bilateral shoulder arthroscopy, lumbar disc displacement and status post lumbar spine surgery. Treatment to date has included physical therapy, acupuncture, trigger point injection, epidural steroid injections, surgery and medication. In July 2014, the physician documented that the injured worker had difficulty performing cleaning and vacuuming and that he reported weight gain secondary to inactivity due to pain. Pain was rated as 6-9/10 in severity. Last urine testing was noted to be done in May 2014 and was described as consistent. A pain contract was noted. Medication in July 2014 included Norco. Medications in September 2014 included norco, zanaflex, and Lidoderm. According to the progress report dated 3/6/2015, the injured worker complained of increased low back pain due to non-coverage of medications and more spasms. The documentation noted no side effects of medications or aberrant behaviors. He complained of tripping more often due to right foot catching. He complained of weight gain due to inactivity due to pain. He rated his pain as 6/10. Without medications he rated his pain as 9/10. His average pain was rated 6/10. Norco was noted to lead to 30% reduction in pain of 3-4 hours in duration. Physical exam revealed that straight leg raise was positive. There was decreased range of motion of the lumbar spine and positive paravertebral tenderness. Treatment plan included continuation of medications including Zanaflex, Prilosec, Lidoderm patches, and Norco. A urine drug screen was done on 3/6/15, the date of the office visit. Work status was not noted. On 3/17/15, Utilization Review (UR) non-certified requests for zanaflex 4 mg #60, Prilosec 20 mg #60,

Lidoderm 5% patch #60, Norco 10/325 #150, and 1 urine drug screen, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: This injured worker has chronic back pain. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain/chronic musculoskeletal pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Zanaflex has been prescribed for at least 6 months. Work status over the past 8 months was not discussed. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. There was no documentation of monitoring of liver function tests. Due to length of use not in accordance with the guidelines and potential for toxicity, the request for zanaflex is not medically necessary.

Prilosec 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has chronic back pain. Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. There was no documentation that this injured worker was prescribed an NSAID. There are no recent medical reports which adequately

describe any signs and symptoms of possible GI (gastrointestinal) disease. There is no examination of the abdomen noted in the progress notes for the last 8 months. Due to lack of specific indication, the request for prilosec is not medically necessary.

Lidoderm 5% patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there was no documentation of neuropathic pain. The site of application was not specified. This injured worker has been prescribed lidoderm for at least 6 months, without documentation of functional improvement as a result of its use. Due to lack of indication and lack of functional improvement, the request for lidoderm is not medically necessary.

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic back pain. Norco has been prescribed for at least 8 months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. There was no discussion of functional goals, and work status for the last 8 months was not discussed. An opioid contract was noted, as was a prior urine drug screen, but the date and results of the urine drug screen were not submitted. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics; there was no documentation of trial and failure of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The

documentation does not reflect improvement in pain. Change in activities of daily living were not noted. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The current drug screen of 3/6/15 was collected on the date of an office visit, not randomly as recommended by the guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

1 Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43,77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. In this case, there was no documentation of a risk assessment for aberrant behavior, which would be needed to determine the frequency of testing per the guidelines. A urine drug screen was noted to have been done in May of 2014 and was described as consistent, but the results were not submitted. The recently requested urine drug screen of 3/6/15 was performed on the date of an office visit, not randomly as recommended by the guidelines. The associated opioid, Norco, has been determined to be not medically necessary. Due to lack of performance of urine drug screens in accordance with the guidelines, and lack of medical necessity of the associated opioid, the request for urine drug screen is not medically necessary.