

Case Number:	CM15-0078772		
Date Assigned:	04/30/2015	Date of Injury:	08/30/2001
Decision Date:	06/26/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois

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 66-year-old female who sustained an industrial injury on 8/30/01. She had initial complaints of low back injury after a slip and fall injury. The diagnoses have included long term use of medications, lumbosacral degenerative disc disease (DDD), and lumbosacral spondylosis. Treatment to date has included medications, physical therapy, acupuncture, epidural steroid injection (ESI), and lumbar facet blocks. The current medications included Lactulose, Celebrex, Cymbalta, Lidoderm patch, Cyclobenzaprine, Docusate sodium, Hydrocodone, Buspirone. Currently, as per the physician progress note dated 3/17/15, the injured worker complains of difficulties with her medications as they have been denied and she had an abrupt withdrawal from Cymbalta. It was noted that she has used other Nonsteroidal anti-inflammatory drugs in the past with gastrointestinal side effects and Celebrex does not cause side effects. She has triad Ibuprofen, Naproxen, Lodine, and Diclofenac which all caused gastrointestinal side effects. It was also noted that her lactulose does not cause bowel irritation as she has tried others that have caused bowel irritation. The physician noted that the Cyclobenzaprine decreases her muscle spasms and improves her walking. The injured worker was upset and indicated that her medications improve her functioning. The objective findings revealed that the lumbar spine had spasm and guarding noted and sensation was decreased in the right. The physician noted that she has back pain and long standing right leg pain with decreased sensation which are symptoms of neuropathic type radiculopathy. The urine drug screen reports were not noted. The physician requested treatments included Lactulose 10gm/15 ml solution #480, Celebrex 200mg #30, Cyclobenzaprine 10mg #60 and Lidoderm 5% patch #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose 10gm/15 ml solution #480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81.

Decision rationale: The injured worker sustained a work related injury on 8/30/01. The medical records provided indicate the diagnosis of long term use of medications, lumbosacral degenerative disc disease (DDD), and lumbosacral spondylosis. Treatment to date has included medications, physical therapy, acupuncture, epidural steroid injection (ESI), and lumbar facet blocks. The current medications included Lactulose, Celebrex, Cymbalta, Lidoderm patch, Cyclobenzaprine, Docusate sodium, Hydrocodone. The medical records provided for review do not indicate a medical necessity for Lactulose 10gm/15 ml solution #480. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends prophylactic treatment of constipation in individuals on treatment with opioids. Lactulose is primarily used in the management of portal hypertension in individuals with liver cirrhosis, but it is also used in the treatment of constipation. The medical records indicate the injured worker has used opioids for more than a decade; but the MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate there has been no overall improvement, and that the injured worker is not properly monitored for pain control and aberrant behavior; there has been a recommendation to discontinue the use of opioids. Besides, although lactulose could be used in the treatment of constipation, the guidelines recommend regular monitoring of electrolytes if used for more than six months. Therefore, this medication is not medically necessary because the opioids have been determined not to be medically necessary; also, because the medication requires monitoring, but the requested quantity is too much without monitoring.

Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 8; 67-72.

Decision rationale: The injured worker sustained a work related injury on 8/30/01. The medical records provided indicate the diagnosis of long term use of medications, lumbosacral degenerative disc disease (DDD), and lumbosacral spondylosis. Treatment to date has included medications, physical therapy, acupuncture, epidural steroid injection (ESI), and lumbar facet blocks. The current medications included Lactulose, Celebrex, Cymbalta, Lidoderm patch, Cyclobenzaprine, Docusate sodium, Hydrocodone. The medical records provided for review do not indicate a medical necessity for Celebrex 200mg #30. Celebrex is a Cox-2 selective NSAID. The MTUS recommends the use of the lowest dose of Cox-2 selective NSAIDs for the short term treatment of individuals at intermediate risk for gastrointestinal events and no cardiovascular disease who are suffering from moderate to severe pain. The records indicate the injured worker has been using this medication since 08/2014, but with no overall improvement, but with no documented monitoring of liver function tests, blood count and kidney function, as recommended by the MTUS. The request is not medically necessary. The MTUS recommends a switch to other treatment modality if a particular form of treatment does not seem to be beneficial, besides this medication has been used for a long time.

Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 8/30/01. The medical records provided indicate the diagnosis of long term use of medications, lumbosacral degenerative disc disease (DDD), and lumbosacral spondylosis. Treatment to date has included medications, physical therapy, acupuncture, epidural steroid injection (ESI), and lumbar facet blocks. The current medications included Lactulose, Celebrex, Cymbalta, Lidoderm patch, Cyclobenzaprine, Docusate sodium, Hydrocodone. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 10mg #60. Cyclobenzaprine (Flexeril) is a muscle relaxant. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second -line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The recommended dosing of Cyclobenzaprine is 5- 10 mg three times a day for no longer than 2-3 weeks. The records indicate this injured worker has used this medication for more than a decade. The request is not medically necessary.

Lidoderm 5% patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The injured worker sustained a work related injury on 8/30/01. The medical records provided indicate the diagnosis of long term use of medications, lumbosacral degenerative disc disease (DDD), and lumbosacral spondylosis. Treatment to date has included medications, physical therapy, acupuncture, epidural steroid injection (ESI), and lumbar facet blocks. The current medications included Lactulose, Celebrex, Cymbalta, Lidoderm patch, Cyclobenzaprine, Docusate sodium, Hydrocodone. The medical records provided for review do not indicate a medical necessity for Lidoderm 5% patch #60. Lidoderm patch is a topical analgesic containing Lidocaine. The MTUS states that topical analgesics may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri- cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Nevertheless, the MTUS does not recommend Lidoderm as a first-line treatment, rather the MTUS states, it is only FDA approved for post-herpetic neuralgia; and that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no indication from the records reviewed that the injured worker is being treated for post-herpetic neuralgia. The request is not medically necessary.