MAXIMUS Federal Services

Case Number:	CM15-0079174		
Date Assigned:	04/30/2015	Date of Injury:	08/29/2013
Decision Date:	06/05/2015	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: California, Indiana, 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 (IW) is a 52-year-old female who sustained an industrial injury on 08/29/2013. Diagnoses include prolapsed cervical intervertebral disc, cervical and lumbar degenerative disc disease, arthropathy of cervical spine facet joint and lumbar radiculopathy. Treatment to date has included muscle relaxants and topical narcotic analgesics, cervical and lumbar epidural steroid injections, aqua therapy and acupuncture. Cervical spine MRI showed degenerative disc disease from C4-5 to C6-7 and lumbar spine MRI showed increased disc bulging at L4-5 with an annular tear to the left midline. Electrodiagnostic testing (EMG/NCS) of the lower extremities were normal. According to the progress notes dated 2/20/15, the IW reported posterior neck and bilateral arm pain and low back and right leg pain. On examination, there was tenderness to the right shoulder and limited range of motion to the cervical spine. A request was made for Norflex 100mg, #60, Lidoderm 5% patches, #90 and TENS unit pads, #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norflex 100mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are prolapsed cervical inter-vertebral disc; sacroiliac joint inflamed; lumbar radiculopathy; arthropathy cervical spine facet joint; and trochanteric bursitis. Documentation from September 19, 2014 progress note shows the injured worker is taking Norflex. According to a January 9, 2015 progress note the treating provider prescribed Flexeril. In the most recent progress note dated February 20, 2015 the current list of medications includes Norflex, Lidoderm patches with no documentation that includes Flexeril. There is no clinical rationale for the use of two muscle relaxants taken concurrently. Additionally, the medical record is inconsistent with documentation of Flexeril in a January 2015 progress note and no subsequent documentation in the February 2015 progress note. Norflex is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider has exceeded the recommended guidelines for short-term use by continuing Norflex from September 2014 through February 2015. Consequently, absent compelling clinical documentation in excess of the recommended guidelines for short-term use (less than two weeks) with documentation of a second muscle relaxant taken concurrently in a January 19, 2015 progress note, Norflex 100mg #60 is not medically necessary.

Lidoderm Patches 5% #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patches 5% #90 are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement

cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are prolapsed cervical inter-vertebral disc; sacroiliac joint inflamed; lumbar radiculopathy; arthropathy cervical spine facet joint; and trochanteric bursitis. The documentation indicates the injured worker did not tolerate amitriptyline (an antidepressant). There were no additional attempts to try a different antidepressant and there were no anticonvulsants were tried and failed as a prelude to starting topical analgesics. There is no documentation of the area(s) to be treated and there is no documentation of objective functional improvement with ongoing Lidoderm patches. Consequently, absent clinical documentation of first line treatment failure with antidepressants and anticonvulsants with evidence of objective optional treatment to support ongoing Lidoderm, Lidoderm patches 5% #90 are not medically necessary.

Tens Unit supply for 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit supplies for #100 pads are not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are prolapsed cervical inter-vertebral disc; sacroiliac joint inflamed; lumbar radiculopathy; arthropathy cervical spine facet joint; and trochanteric bursitis. The documentation does not contain evidence of objective functional improvement with prior TENS use. The documentation does not contain evidence of a 30 day TENS trial. Additionally, the documentation does not state the area(s) to be treated with the TENS unit and supplies. Consequently, absent clinical documentation of a TENS trial, objective evidence with TENS use and location(s) to be treated, TENS unit supplies for #100 pads are not medically necessary.