

Case Number:	CM15-0092740		
Date Assigned:	05/19/2015	Date of Injury:	02/11/2003
Decision Date:	09/23/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/13/2015

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 59 year old female, who sustained an industrial injury on 2/11/03. The injured worker was diagnosed as having discogenic lumbar disc disease at L5-S1, weight gain of 100 pounds, and issues with sleep, stress, and depression. Treatment to date has included a back brace, hot/cold application, TENS, and medication. The injured worker had been taking Norco since at least 1/9/15. The injured worker had been taking Soma since at least 3/5/15. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Norco 10/325mg #120, Norco 10/325mg #120 for next visit, Soma 350mg #120, Soma 350mg #120 for next visit, Lidopro lotion 4oz, and a replacement of mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 59 year old patient complains of worsening lower back pain, as per progress report dated 04/06/15. The request is for NORCO 10/325mg QUANTITY 120. There is no RFA for this case, and the patient's date of injury is 02/11/03. Diagnoses, as per progress report dated 04/06/15, included discogenic lumbar condition with L5-S1 disc disease, chronic pain, sleep disturbances and weight gain secondary to chronic pain. Medications included Norco, Soma, Naproxen, Protonix, Gabapentin, and Lidopro lotion. The patient is working full duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 10/06/14. The patient has been taking the medication consistently at least since then. However, it is not clear when this treatment was initiated. The treater does not document a reduction in pain in terms of change in pain scale. The patient is working full time. However, in progress report dated 03/05/15, the treater states that "chores are being minimized, although she does some of them." The patient also reports that life is curtailed. No UDS and CURES reports are available for review. There is no discussion regarding the side effects of Norco as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.

Norco 10/325mg for next visit, quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 59 year old patient complains of worsening lower back pain, as per progress report dated 04/06/15. The request is for NORCO 10/325mg FOR NEXT VISIT, QUANTITY 120. There is no RFA for this case, and the patient's date of injury is 02/11/03. Diagnoses, as per progress report dated 04/06/15, included discogenic lumbar condition with L5- S1 disc disease, chronic pain, sleep disturbances and weight gain secondary to chronic pain.

Medications included Norco, Soma, Naproxen, Protonix, Gabapentin, and Lidopro lotion. The patient is working full duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 10/06/14. The patient has been taking the medication consistently at least since then. However, it is not clear when this treatment was initiated. The treater does not document a reduction in pain in terms of change in pain scale. The patient is working full time. However, in progress report dated 03/05/15, the treater states that "chores are being minimized, although she does some of them." The patient also reports that life is curtailed. No UDS and CURES reports are available for review. There is no discussion regarding the side effects of Norco as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.

Soma 350mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

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

Decision rationale: The 59 year old patient complains of worsening lower back pain, as per progress report dated 04/06/15. The request is for SOMA 350mg QUANTITY 120. There is no RFA for this case, and the patient's date of injury is 02/11/03. Diagnoses, as per progress report dated 04/06/15, included discogenic lumbar condition with L5-S1 disc disease, chronic pain, sleep disturbances and weight gain secondary to chronic pain. Medications included Norco, Soma, Naproxen, Protonix, Gabapentin, and Lidopro lotion. The patient is working full duty. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, a prescription for Soma is only noted in progress report dated 04/06/15. Prior reports since 10/06/14 document the use of Flexeril. The treater, however, does not document efficacy in terms of reduction in pain and

improvement in function. Additionally, MTUS does not support long-term use of Soma beyond a 2 to 3 week period. Hence, the request for 120 is not medically necessary.

Soma 350 for next visit, quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

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

Decision rationale: The 59 year old patient complains of worsening lower back pain, as per progress report dated 04/06/15. The request is for SOMA 350mg FOR NEXT VISIT, QUANTITY 120. There is no RFA for this case, and the patient's date of injury is 02/11/03. Diagnoses, as per progress report dated 04/06/15, included discogenic lumbar condition with L5- S1 disc disease, chronic pain, sleep disturbances and weight gain secondary to chronic pain. Medications included Norco, Soma, Naproxen, Protonix, Gabapentin, and Lidopro lotion. The patient is working full duty. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, a prescription for Soma is only noted in progress report dated 04/06/15. Prior reports since 10/06/14 document the use of Flexeril. The treater, however, does not document efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of Soma beyond a 2 to 3 week period. Hence, the request for 120 is not medically necessary.

Lidopro Lotion 4 ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The 59 year old patient complains of worsening lower back pain, as per progress report dated 04/06/15. The request is for LIDOPRO LOTION 4 OUNCES. There is no RFA for this case, and the patient's date of injury is 02/11/03. Diagnoses, as per progress report dated 04/06/15, included discogenic lumbar condition with L5-S1 disc disease, chronic pain, sleep disturbances and weight gain secondary to chronic pain. Medications included Norco, Soma, Naproxen, Protonix, Gabapentin, and Lidopro lotion. The patient is working full duty. The MTUS has the following regarding topical creams (p111, Chronic Pain guidelines, Topical Analgesics section): Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved

topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, a prescription for Lidopro lotion is first noted in progress report dated 04/06/15. While this appears to be the first prescription, the treater does not explain why this lotion was chosen over other topical formulations. It is not clear where and how this cream will be applied. Additionally, MTUS guidelines do not support any other formulation of Lidocaine other than the topical patch. Hence, the request is not medically necessary.

Replacement of mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic Chapter, under Mattress.

Decision rationale: The 59 year old patient complains of worsening lower back pain, as per progress report dated 04/06/15. The request is for replacement of mattress. There is no RFA for this case, and the patient's date of injury is 02/11/03. Diagnoses, as per progress report dated 04/06/15, included discogenic lumbar condition with L5-S1 disc disease, chronic pain, sleep disturbances and weight gain secondary to chronic pain. Medications included Norco, Soma, Naproxen, Protonix, Gabapentin, and Lidopro lotion. The patient is working full duty, as per the same report. MTUS and ACOEM are silent on orthopedic beds. ODG-TWC, Low Back, Lumbar & Thoracic Chapter, under Mattress Selection states, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure (McInnes, 2011)." ODG Knee & Leg Chapter, Under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. In this case, a request for mattress replacement is noted in progress report dated 04/06/15. The treater states that the patient needs the new one as her mattress has worn out and she is not getting adequate sleep because she is in pain, tossing and turning all night because of her back pain. There is no mention of pressure ulcers that would warrant a special support surface, either. Furthermore, ODG's definition of DME states that it must primarily be used for a medical purpose and not generally useful in the absence of an illness; and a mattress is routinely used for non-medical purposes as well. Hence, the request is not medically necessary.