

Case Number:	CM15-0093949		
Date Assigned:	05/20/2015	Date of Injury:	01/19/1995
Decision Date:	06/24/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/15/2015

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:

This is a 60 year old male with a January 19, 1995 date of injury. A progress note dated March 23, 2015 documents subjective findings (pain rated at a level of 9.5/10 without medications and 4.5/10 with medications; pain is constant and radiating; pain is increased by sitting, bending, standing, twisting, and stress), objective findings (gait steady, uses a cane for ambulation; decreased sensory on the left third, fourth and fifth toes; tenderness to palpation of the lumbar paraspinous area; left ankle dorsiflexion weakness; left knee extension weakness; left lumbar radicular signs), and current diagnoses (thoracic or lumbosacral neuritis or radiculitis; lumbar post laminectomy syndrome; lumbago; depressive disorder). Treatments to date have included medications, back surgery, and spinal cord stimulator. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Fentanyl, Vicodin, Lexapro, Soma, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, Muscle relaxants Page(s): 29,63-66.

Decision rationale: The 03/23/15 report states the patient presents with Lumbar pain with left lumbar radicular signs along with left ankle and left knee weakness s/p laminectomy (date unknown). The patient uses a Spinal Cord Stimulator. The current request is for one prescription Soma 350 mg. The RFA included is dated 03/25/15. The patient last worked in May 1999. MTUS Soma page 29 states, "Not recommended. This medication is not indicated for long term use." MTUS Muscle relaxants for pain pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. The 03/23/15 report states the patient's medication regimen that includes Soma, Fentanyl patch, Vicodin, Lexapro and Lidoderm Patch reduces the patient's pain from 9/10 to 4-5/10 and improves function. The reports provided for review show the patient has been prescribed Soma on a long-term basis since before 10/06/14. While the requested medication may help the patient, the MTUS guidelines state Soma is not indicated for long term use and is recommended for no longer than 2-3 weeks. The request is not medically necessary.

One prescription of Vicodin 7.5/300 #120: Overturned

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

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

Decision rationale: The 03/23/15 report states the patient presents with Lumbar pain with left lumbar radicular signs along with left ankle and left knee weakness s/p laminectomy (date unknown) and use of SCS. The patient's diagnoses include Opioid type dependency. The current request is for one prescription of Vicodin 7.5/300 #120 (Hydrocodone) an opioid. The 05/13/15 utilization review modified this request from #120 to #90. The RFA included is dated 03/25/15. The patient last worked in May 1999. 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. The reports provided for review show the patient has been prescribed this medication since before 10/06/14, and it is used for breakthrough pain. The 03/23/15 report states that the patient's medication regimen of Vicodin, Soma, Fentanyl patch, Lexapro and Lidoderm Patch reduce the patient's pain from 9/10 to 4-5/10. Pain scales are routinely used and show the same level of 4-5 pain with medications from 10/06/14 to 03/25/15. The 03/23/15 report states, "Without medications he is bedbound/ chairbound. With medications he is able to participate in aquatherapy, do his ADL's, shop and socialize." The treater also repeatedly states that medications are taken as directed and the patient's activity report via the Department of Justice Website is consistent. A UDS sample was collected on 03/23/15; however, no UDS results are cited or provided for review. There is no evidence of side effects. In this case, there is sufficient documentation of the 4A's as required by the MTUS guidelines. The request is medically necessary.

One prescription of Lidoderm patches #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 patches, Lidocaine Page(s): 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm.

Decision rationale: The 03/23/15 report states the patient presents with Lumbar pain with left lumbar radicular signs along with left ankle and left knee weakness s/p laminectomy (date unknown). The patient uses a Spinal Cord Stimulator. The current request is for one prescription of Lidoderm patches #60. The RFA included is dated 03/25/15. The patient last worked in May 1999. MTUS guidelines page 57 states, "topical lidocaine 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, Pain Chapter on Lidoderm, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The 03/23/15 report states Lidoderm Patch is for non opioid therapy. The body parts to be treated are not discussed. The guidelines state that the requested medication is indicated for neuropathic pain that is peripheral and localized. No clinical evidence is provided of this condition for the patient. Therefore, the request is not medically necessary.