

Case Number:	CM15-0098336		
Date Assigned:	05/29/2015	Date of Injury:	11/08/1985
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/21/2015

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 58 year old female, who sustained an industrial injury on November 8, 1985. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included lumbar spine degenerative disc disease, lumbar radiculopathy, chronic back pain, hip bursitis and post-laminectomy syndrome. Treatment to date has included medications, radiological studies, electrodiagnostic studies, injections, home exercise program and a lumbar laminectomy. Current documentation dated April 30, 2015 notes that the injured worker reported low back pain and bursitis of the hip. The pain was rated an 8.5/10 on the visual analogue scale with medications. Examination of the lumbar spine revealed increased kyphosis, tenderness to palpation of the paravertebral muscles with spasms greater on the left side. Range of motion was noted to be restricted by pain. Lumbar facet loading and a straight leg raise test were positive on the left side. The treating physician's plan of care included a request for the medications Lidoderm 5% patch # 56, Carisoprodol 350 mg # 56, Oxycontin 80 mg # 224 and Lunesta 3 mg # 25.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with low back pain, rated 5/10. The request is for Lidoderm 5% Patch #56. Physical examination to the lumbar spine on 05/28/15 revealed tenderness to palpation and spasm to the paravertebral muscles. Lumbar facet loading was positive on the left side. Asymmetry and increased kyphosis were noted. Range of motion was restricted in all planes. Straight leg raising test was positive on the left side. Patient's diagnosis, per 05/18/15 progress report include post lumbar laminect syndrome, lumbar radiculopathy, spinal/lumbar DDD, and chronic back pain. Patient's medications, per 04/30/15 progress report include Biotene Oralbalance Gel, Miralax, Cymbalta, Lidoderm 5% Patch, Lyrica, Carisoprodol, Celebrex, Norco, Sanokot, Lunesta, Omeprazole, Oxycontin, Furosemide, Levothyroxine, Metoprolol Tartate, Provigil, Simvastatin, and Bupropion. Patient is permanent and stationary. MTUS Page 112 also states, "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 dermalpatch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." When reading ODG guidelines, it specifies that Lidocaine 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 treater does not discuss this request. Patient has received prescriptions for Lidoderm Patch from 12/11/14 and 05/28/15. However, the treater has not discussed how this medication specifically helps in pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, the patient does not present with localized, peripheral neuropathic pain for which this medication is indicated. The request does not meet guideline recommendations and therefore, it is not medically necessary.

Carisoprodol 350mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 63-66.

Decision rationale: The patient presents with low back pain, rated 5/10. The request is for Carisoprodol 350 MG #56. Physical examination to the lumbar spine on 05/28/15 revealed tenderness to palpation and spasm to the paravertebral muscles. Lumbar facet loading was positive on the left side. Asymmetry and increased kyphosis were noted. Range of motion was restricted in all planes. Straight leg raising test was positive on the left side. Patient's diagnosis, per 05/18/15 progress report include post lumbar laminect syndrome, lumbar radiculopathy, spinal/lumbar DDD, and chronic back pain. Patient's medications, per 04/30/15 progress report

include Biotene Oralbalance Gel, Miralax, Cymbalta, Lidoderm 5% Patch, Lyrica, Carisoprodol, Celebrex, Norco, Sanokot, Lunesta, Omeprazole, Oxycontin, Furosemide, Levothyroxine, Metoprolol Tartate, Provigil, Simvastatin, and Bupropion. Patient is permanent and stationary. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodonal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Patient has received prescriptions for Carisoprodol from 12/11/14 and 05/28/15. Soma has been prescribed in treater reports from 05/02/14 to 12/22/14. However, the treater does not document a specific improvement in function or reduction in pain due to its use. Additionally, MTUS only recommends the use of this drug for 2 to 3 weeks and the request for 56 tablets does not imply short-term use. Therefore, the request is not medically necessary.

Oxycontin 80mg #224: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain, rated 5/10. The request is for Oxycontin 80 MG #224. Physical examination to the lumbar spine on 05/28/15 revealed tenderness to palpation and spasm to the paravertebral muscles. Lumbar facet loading was positive on the left side. Asymmetry and increased kyphosis were noted. Range of motion was restricted in all planes. Straight leg raising test was positive on the left side. Patient's diagnosis, per 05/18/15 progress report include post lumbar laminectomy syndrome, lumbar radiculopathy, spinal/lumbar DDD, and chronic back pain. Patient's medications, per 04/30/15 progress report include Biotene Oralbalance Gel, Miralax, Cymbalta, Lidoderm 5% Patch, Lyrica, Carisoprodol, Celebrex, Norco, Sanokot, Lunesta, Omeprazole, Oxycontin, Furosemide, Levothyroxine, Metoprolol Tartate, Provigil, Simvastatin, and Bupropion. Patient is permanent and stationary. 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." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Patient has received prescriptions for Oxycontin from 12/11/14 and 05/28/14. In progress report dated 04/30/15, treater states that with medications, the patient can perform household tasks including cooking, cleaning, self-care for 30 to 45 minutes or greater at a time. In this case, the MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Finally, while the treater discusses some specific ADL's, it is not known that the patient would be unable to self-care based on the condition provided. There are no before and after analgesia, no UDS's to fully satisfy the required four A's. The request is Not medically necessary.

Lunesta 3mg #25: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/30/15) - Online Version, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter, Eszopicolone (Lunesta).

Decision rationale: The patient presents with low back pain, rated 5/10. The request is for Lunesta 3 MG #25. Physical examination to the lumbar spine on 05/28/15 revealed tenderness to palpation and spasm to the paravertebral muscles. Lumbar facet loading was positive on the left side. Asymmetry and increased kyphosis were noted. Range of motion was restricted in all planes. Straight leg raising test was positive on the left side. Patient's diagnosis, per 05/18/15 progress report include post lumbar laminectomy syndrome, lumbar radiculopathy, spinal/lumbar DDD, and chronic back pain. Patient's medications, per 04/30/15 progress report include Biotene Oralbalance Gel, Miralax, Cymbalta, Lidoderm 5% Patch, Lyrica, Carisoprodol, Celebrex, Norco, Sanokot, Lunesta, Omeprazole, Oxycontin, Furosemide, Levothyroxine, Metoprolol Tartate, Provigil, Simvastatin, and Bupropion. Patient is permanent and stationary. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Treater has not discussed this request. Patient has received prescriptions for this medication from 12/11/14 and 05/28/15. ODG guidelines however, recommends short-term use of up to 3 weeks. The request for 25 tablets in addition to prior prescriptions exceeds MTUS intended short-term use of this medication. Therefore, the request is Not medically necessary.