

Case Number:	CM13-0040030		
Date Assigned:	12/20/2013	Date of Injury:	07/10/2002
Decision Date:	06/18/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/08/2013

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: New York
 Certification(s)/Specialty: Emergency 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 36 year old male who reported an industrial injury on 7/10/2002. His diagnoses include: lumbar herniation; lumbosacral disc protrusion versus herniation; facet compromise affecting axial low back pain; status-post lumbar laminectomy/discectomy (11/2003); status-post diagnostic medial branch block with bilateral lumbar facet injections (8/29/07); lumbar radiofrequency neurolysis (10/7/08); and status-post lumbar discectomy, arthrodesis with instrumentation (4/21/10). No current imaging studies were noted. His treatments have included diagnostic studies; discectomy surgery (2003) and fusion surgery (2007); bilateral sacro-iliac joint injections (12/28/12) - effective; lumbar epidural steroid injection therapy (12/2005) - effective; a home exercise program; medication management; and rest from work. The progress notes of 9/5/2013 noted a follow-up evaluation for back pain, low back pain, and lumbar complaints. Reported was back stiffness/numbness and radicular pain in the bilateral legs; worsened back flexion, hip rotation, stretching and moderate pain with standing; moderate pain located in the lumbar/low back area and bilateral legs that had been treated with medications, which he pays for out of pocket. The objective findings were noted to include decreased right and left patellar reflexes and left Achilles reflex; negative pelvic thrust; positive right FABER & Gainslen's maneuvers; positive bilateral Patrick's maneuver; painful lumbar facet palpation bilaterally; secondary myofascial pain with ropey fibrotic banding/spasms and Stork test, bilaterally; positive bilateral straight leg test; positive ilio-tibial band signs with tenderness and pain with provocative testing; ropey/spasming bilateral hamstring muscles and myofascial pain with ropey fibrotic banding in the thoracic and lumbar paraspinals. The physician's requests for treatments were noted to include the continuation of Butrans, Lidoderm patches, Lyrica, Norco, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 20MCG #4: Upheld

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

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

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Previous recommendations were for the IW to undergo weaning of opiate medication. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

LIDODERM 5% #30: 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 patch Page(s): 56-57.

Decision rationale: CA MTUS is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic, serotonin-norepinephrine reuptake inhibitor, or gabapentin. This medication is "not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Ongoing use of this medication requires improvement in pain or function. The IW has been using this treatment for greater than a year. Documentation reports increased pain and no decrease in use of other treatments. Based on lack of improvement with this medication, the request for lidoderm patches is not medically necessary.

LYRICA 75MG CAPSULE #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica); Anti-epilepsy drugs Page(s): 99, 16-21.

Decision rationale: Per the MTUS, pregabalin is recommended for neuropathic pain, specifically neuropathic pain resulting from diabetes or post-herpetic conditions. The medication has also been approved for fibromyalgia. There is no good evidence in this case for neuropathic pain or any of the aforementioned conditions. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. None of the reports show any specific benefit, and all the reports state that pain severely affects all activities. Pregabalin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date. The request is not medically necessary.

NORCO 325MG-10MG TABLET#180: Upheld

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

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

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Previous recommendations were for the IW to undergo weaning of opiate medication. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

PRILOSEC 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Ranitidine is not medically necessary based on the MTUS.