MAXIMUS Federal Services

Case Number:	CM14-0142001		
Date Assigned:	09/10/2014	Date of Injury:	08/07/1996
Decision Date:	10/21/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

06/11/2014 Progress report documented that the patient's condition was made permanent and stationary with provision for future medical care. The patient stated that her low back pain markedly increased in the past month to 10/10 due to cumulative trauma of increased heavy lifting. The pain decreased with the use of a girdle. She used Lidocaine 5% patch. The generic one did not give good relief and did not adhere well. Currently, the pain was rated at 8/10 with the following medications: Cymbalta 30 mg OD, Skelaxin BID, Tylenol No. 3 one at bedtime and Lidocaine 2 patches per day. Sitting tolerance was still about 15 minutes. The pain still radiated down the right leg with numbness. Clinically, the lumbar range of motion to forward flexion was 50% of normal, extension 20% of normal, and bilateral lateral bending was 75% of normal. There was tenderness over the L5-S1 disc space and paraspinal muscles, and over the right gluteal musculature. SLR was positive on the right. There was decreased light touch over the right posterior leg. The treatment plan included refill of medications, lumbar support to wear during work, and continuation of HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

METAXALONE 800MG #60 FOR 30 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-65.

Decision rationale: Medical necessity has not been established for Metaxalone. CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient had an acute exacerbation of the low back pain about 5 months ago. She has been on Metaxalone, however there was no mention of muscle spasms. There is no recent assessment to show the efficacy of this medication. The guidelines do not support prolonged use of the medication as its efficacy diminishes with time and may even lead to dependence. Recommend non-certification.

LIDOCAINE OINTMENT 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Topical Analgesics Page(s): 111-112.

Decision rationale: Medical necessity has not been established for Lidocaine ointment 5%. CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Although there are some indications for a Lidoderm patch, no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated. The patient has chronic low back pain with radiculopathy and has been using Lidocaine 5% ointment for some time. However, efficacy has not been clearly discussed and guidelines do not support lidocaine in an ointment. Recommend non-certification.

APAP/CODEINE 30/30MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 79-81, 91-92.

Decision rationale: Medical necessity has not been established for APAP/Codeine 300/30 mg. The patient has a 1996 date of injury, however it is unclear how long she has been using Tylenol No. 3 for chronic low back pain with radiculopathy. Although the pain level was noted to have decreased, there is no current assessment regarding continued analgesia, continued functional benefit, lack of adverse side effects, or aberrant behavior, which is required by CA MTUS. There is no documentation of monitoring of compliance such as UDS or CURES. There is no opioid contract mentioned. CA MTUS requires clear and concise documentation for ongoing

management. Within the context of this appeal, no additional medical record has been provided to support the request for APAP/Codeine 300/30 mg. Recommend non-certification.