

Case Number:	CM15-0125284		
Date Assigned:	07/09/2015	Date of Injury:	01/15/2003
Decision Date:	10/02/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 66-year-old male, who sustained an industrial injury on 1/15/03. He has reported initial complaints of a low back injury. The diagnoses have included chronic low back pain, lumbar spinal stenosis, status post lumbar fusion and laminectomy, history of cervical fusion, thoracic strain, insomnia and anxiety. Treatment to date has included medications, activity modifications, off work, surgery, physical therapy, lumbar brace and other modalities. Currently, as per the physician progress note dated 5/19/15, the injured worker complains of progressive numbness from the lumbar to the legs. He complains of decreased range of motion and poor tolerance to activities. The objective findings reveal slow ambulation and tight muscles of the lumbar spine. The Spurling's sign is positive on the right with right lateral bending rotation. There is diminished lumbar range of motion with tenderness and spasm. The straight leg test reveals poor tolerance beyond 44 degrees. The pain is currently rated 9/10 on pain scale. The most frequent rating is 7/10 on pain scale. The diagnostic testing that was performed included thoracic and lumbar Magnetic Resonance Imaging (MRI). The current medications included Norco, Lunesta, Zanaflex, Motrin, Flector patch and Indomethacin. The urine drug screen dated 5/19/15 was consistent with the medications prescribed. The physician requested treatments included Flurbiprofen 20%, Lidocaine 5%, 4gm, with Cyclobenzaprine 10%, Lidocaine 2%, 4gm, Hydrocodone/APAP 7.5/335 #60, Lunesta 2mg #30, Zanaflex 2mg #30, Indomethacin 75mg #30, Motrin 600mg #30, and Amitiza 8mcg #120 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Lidocaine 5%, 4gm, with Cyclobenzaprine 10%, Lidocaine 2%, 4gm:
Upheld

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

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

Decision rationale: The requested Flurbiprofen 20%, Lidocaine 5%, 4gm, with Cyclobenzaprine 10%, Lidocaine 2%, 4gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has progressive numbness from the lumbar to the legs. He complains of decreased range of motion and poor tolerance to activities. The objective findings reveal slow ambulation and tight muscles of the lumbar spine. The Spurling's sign is positive on the right with right lateral bending rotation. There is diminished lumbar range of motion with tenderness and spasm. The straight leg test reveals poor tolerance beyond 44 degrees. The pain is currently rated 9/10 on pain scale. The most frequent rating is 7/10 on pain scale. The urine drug screen dated 5/19/15 was consistent with the medications prescribed. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 20%, Lidocaine 5%, and 4gm, with Cyclobenzaprine 10%, Lidocaine 2%, and 4gm are not medically necessary.

Hydrocodone/APAP 7.5/335 #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When starting opioid therapy Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82; Opioid Dosing, Page 86 Page(s): 78-82, 86.

Decision rationale: The requested Flurbiprofen 20%, Lidocaine 5%, 4gm, with Cyclobenzaprine 10%, Lidocaine 2%, 4gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has progressive numbness from the lumbar to the legs. He complains of decreased range of motion and poor tolerance to activities. The objective findings reveal slow ambulation and tight muscles of the lumbar spine. The

Spurling's sign is positive on the right with right lateral bending rotation. There is diminished lumbar range of motion with tenderness and spasm. The straight leg test reveals poor tolerance beyond 44 degrees. The pain is currently rated 9/10 on pain scale. The most frequent rating is 7/10 on pain scale. The urine drug screen dated 5/19/15 was consistent with the medications prescribed. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 20%, Lidocaine 5%, and 4gm, with Cyclobenzaprine 10%, Lidocaine 2%, and 4gm are not medically necessary.

Lunesta 2mg #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, Lunesta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Eszopicolone (Lunesta), Insomnia.

Decision rationale: The requested Lunesta 2mg #30 is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopicolone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use"; and "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The injured worker has progressive numbness from the lumbar to the legs. He complains of decreased range of motion and poor tolerance to activities. The objective findings reveal slow ambulation and tight muscles of the lumbar spine. The Spurling's sign is positive on the right with right lateral bending rotation. There is diminished lumbar range of motion with tenderness and spasm. The straight leg test reveals poor tolerance beyond 44 degrees. The pain is currently rated 9/10 on pain scale. The most frequent rating is 7/10 on pain scale. The urine drug screen dated 5/19/15 was consistent with the medications prescribed. The treating physician has not documented details of current insomnia nor sleeps hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Lunesta 2mg #30 is not medically necessary.

Zanaflex 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page63-66 Page(s): 63-66.

Decision rationale: The requested Zanaflex 2mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants

beyond the acute phase of treatment. The injured worker has progressive numbness from the lumbar to the legs. He complains of decreased range of motion and poor tolerance to activities. The objective findings reveal slow ambulation and tight muscles of the lumbar spine. The Spurling's sign is positive on the right with right lateral bending rotation. There is diminished lumbar range of motion with tenderness and spasm. The straight leg test reveals poor tolerance beyond 44 degrees. The pain is currently rated 9/10 on pain scale. The most frequent rating is 7/10 on pain scale. The urine drug screen dated 5/19/15 was consistent with the medications prescribed. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 2mg #30 is not medically necessary.

Indomethacin 75mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Indomethacin 75mg #30 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note, "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has progressive numbness from the lumbar to the legs. He complains of decreased range of motion and poor tolerance to activities. The objective findings reveal slow ambulation and tight muscles of the lumbar spine. The Spurling's sign is positive on the right with right lateral bending rotation. There is diminished lumbar range of motion with tenderness and spasm. The straight leg test reveals poor tolerance beyond 44 degrees. The pain is currently rated 9/10 on pain scale. The most frequent rating is 7/10 on pain scale. The urine drug screen dated 5/19/15 was consistent with the medications prescribed. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing, nor the medical necessity for two concurrent NSAID's. The criteria noted above not having been met, Indomethacin 75mg #30 is not medically necessary.

Motrin 600mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Motrin 600mg #30 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note, "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has progressive numbness from the lumbar to the legs. He complains of decreased range of motion and poor tolerance to activities. The objective findings reveal slow ambulation and tight muscles of the lumbar spine. The Spurling's sign is positive on the right with right lateral bending rotation. There is diminished lumbar range of motion with tenderness and spasm. The straight leg test reveals poor tolerance beyond 44 degrees. The pain is currently rated 9/10 on pain scale. The most frequent rating is 7/10 on pain scale. The urine drug screen dated 5/19/15 was consistent with the medications prescribed. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing, nor the medical necessity for two concurrent NSAID's. The criteria noted above not having been met, Motrin 600mg #30 is not medically necessary.

Amitiza 8mcg #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page 77 Page(s): 77.

Decision rationale: The requested Amitiza 8mcg #120 with 3 refills is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that " include serious fractures, sleep apnea, hyperalgesia, immunosuppressant, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The injured worker has progressive numbness from the lumbar to the legs. He complains of decreased range of motion and poor tolerance to activities. The objective findings reveal slow ambulation and tight muscles of the lumbar spine. The Spurling's sign is positive on the right with right lateral bending rotation. There is diminished lumbar range of motion with tenderness and spasm. The straight leg test reveals poor tolerance beyond 44 degrees. The pain is currently rated 9/10 on pain scale. The most frequent rating is 7/10 on pain scale. The urine drug screen dated 5/19/15 was consistent with the medications prescribed. The treating physician has not documented the duration of opiate therapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, Amitiza 8mcg #120 with 3 refills is not medically necessary.