

Case Number:	CM13-0005464		
Date Assigned:	03/07/2014	Date of Injury:	04/24/2003
Decision Date:	06/02/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	07/31/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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:

The patient is a 45 year old female with a date of injury of 4/24/03. The treating physician's report dated 7/1/13 indicates that the patient presents with lower back pain rated a 7/10 with pain radiating down her legs and some numbness in her left lateral thigh which has somewhat increased. The current diagnoses are: failed back surgery syndrome, and left piriformis syndrome. The utilization review report dated 7/25/13 denied the request for Oxycontin, Flexeril, Lidoderm patches and modified the request for Hydrocodone based on the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OXYCONTIN 20MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 80-82.

Decision rationale: The treating physician reports reviewed indicate that the patient has been taking Oxycontin since at least 4/4/13. In reviewing the treating physician report dated 7/1/13 there is no documentation regarding the efficacy from chronic use of Oxycontin. The treating physician states the patient has pain that is rated a 7/10. There is no documentation of the effects

of the medication. MTUS Chronic Pain Guidelines pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Chronic Pain Guidelines also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS Chronic Pain Guidelines further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. The treater in this case has failed to document the medication efficacy or anything else regarding the patient's response to Oxycontin. Given the lack of documentation, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF HYDROCODONE/APAP 10/325MG #192: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 80-82.

Decision rationale: The treating physician report dated 7/1/13 does not indicate that the patient is currently taking Hydrocodone 10/325mg. The reports dated 3/6/13 and 5/30/13 state that the medication is being refilled. In reviewing the treating physician report dated 7/1/13 there is no documentation regarding the efficacy from chronic use of Hydrocodone/APAP 10/325. The treating physician states the patient has pain that is rated a 7/10. There is no documentation of the effects of the medication. MTUS Chronic Pain Guidelines pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Chronic Pain Guidelines also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS Chronic Pain Guidelines further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. The treater in this case has failed to document the medication efficacy and does not list in the 7/1/13 report that the patient is taking Hydrocodone/APAP 10/325 and then states that her current medications are requested for authorization. In this case there is lack of documentation regarding a request for this medication and no documentation of the previous efficacy of this medication. The request is not medically necessary and appropriate.

1 PRESCRIPTION OF FLEXERIL 10MG #50: Upheld

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

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

Decision rationale: The patient presents with chronic back pain and leg pain. The current request is for Flexeril 10mg #50. The treating physician reports dated 3/6/13, 4/4/13, 5/2/13 and 5/30/13 state that the patient has been using Flexeril 30-50 pills per month. The MTUS Chronic Pain Guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. It appears that the patient has been prescribed this medication on an on-going basis. MTUS Chronic Pain Guidelines does not support on-going, long-term use of this medication. The request is not medically necessary and appropriate.

1 PRESCRIPTION OF LIDODERM 5% PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Lidoderm, and the section on Topical Analgesics Page(s): 56-57; 111-113.

Decision rationale: A review of the 3/6/13, 4/4/13, 5/2/13, 5/30/13 and 7/1/13 treating physician reports indicates that the patient has been using Lidoderm patches for at least 4 months. There is no documentation indicating the response to this medication. The treating physician documents that the patient has slight sensation decrease in the left lateral thigh. The MTUS Chronic Pain Guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. MTUS Chronic Pain Guidelines also states on page 60 that, "A record of pain and function with the medication should be recorded." The treater in this case has no documentation of the effects of this medication as recommended on page 60 of the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.