

Case Number:	CM13-0018072		
Date Assigned:	10/11/2013	Date of Injury:	10/21/1999
Decision Date:	01/02/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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.

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 IMR application shows the date of injury as 10/21/1999 and there is a dispute with the 8/1/13 UR decision. The 8/1/13 UR decision is from PRIUM and is a retrospective denial of Morphine Sulfate ER 15mg #30, Oxycodone 10mg #120, and Lidoderm patches 5% #30. The PRIUM denial letter is based on the 5/15/13 medical reports. The 5/15/13 report from Marshall Medical Center states the patient is 5'9", 244 lbs, and has OA bilateral knees, and lateral meniscus derangement and thoracic or lumbar neuritis or radiculitis. His pain was 6.5/10. The plan was to continue Soma, Lidoderm patches and Oxycodone for breakthrough pain and MS Contin extended release for pain. The prior report is dated 3/12/13 and notes 6/10 pain the plan was to continue MS Contin ER, and Oxycontin for breakthrough. There is a 10/23/12 report that states he started taking OxyContin with very minimal relief. His pain was 5/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate ER 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term Opioid use; Pain Outcomes and Endpoints Page(s): 88-89 and 8-9.

Decision rationale: A review of the records indicates that there is no reporting of improvement either in pain or function or quality of life with the medications. From Oct. 2012, it did not

appear that when OxyContin was added, that it made any difference. The patient's pain levels gradually increased from 5/10 on 10/23/12 to 6/10 on 3/12/13 to 6.5/10 on 5/15/13. The physician did not discuss the increasing pain levels, or document efficacy of current medications or attempt to titrate up or down. The documentation shows the patient is not having a satisfactory response to medications. MTUS states the physician should reassess the situation and consider different treatment modalities. The continued use of Morphine sulfate ER does not appear to be in accordance with MTUS criteria. The request for Morphine Sulfate ER 15mg #30 is not medically necessary and appropriate.

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term Opioid use; Pain Outcomes and Endpoints Page(s): 88-89 and 8-9.

Decision rationale: A review of the records provided indicates that there is no reporting of improvement either in pain or function or quality of life with the medications. From Oct. 2012, it did not appear that when OxyContin was added, that it made any difference. The patient's pain levels gradually increased from 5/10 on 10/23/12 to 6/10 on 3/12/13 to 6.5/10 on 5/15/13. The physician did not discuss the increasing pain levels, or document efficacy of current medications or attempt to titrate up or down. The documentation shows the patient is not having a satisfactory response to medications. MTUS states the physician should reassess the situation and consider different treatment modalities. The continued use of oxycodone does not appear to be in accordance with MTUS criteria. The request for Oxycodone 10mg #120 is not medically necessary and appropriate

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm and the Pain Outcomes and Endpoints Page(s): 56-57 and 8-9.

Decision rationale: MTUS states Lidoderm patches can be used for localized peripheral pain after trial of a tricyclic (TCA) or , serotonin and noradrenaline reuptake inhibitor (SNRI) or anti-epileptic drug (AED). A review of the records indicates a 10/30/12 AME reevaluation shows that Lidoderm was used as early as 2004, and the patient was apparently on Gabapril (an AED) in 2003. MTUS also states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" There is no reporting that Lidoderm has helped improve function, or helped with decreasing pain. The overall reporting on pain levels appears to show the patient is worsening despite using Lidoderm patches and medications. The MTUS reporting

requirements for ongoing use of the Lidoderm patches has not been met. The request for Lidoderm 5% patch #30 is not medically necessary and appropriate.