

Case Number:	CM13-0027247		
Date Assigned:	02/24/2014	Date of Injury:	11/05/1998
Decision Date:	05/29/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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 an employee of [REDACTED] and has submitted a claim for restless leg syndrome associated with an industrial injury date of November 5, 1998. The utilization review from September 16, 2013 denied the requests for OxyContin due to no documented functional improvement with use, Lidoderm due to no evidence of a failed trial of first-line drugs, Norco due to no documented functional improvement with use, and Flector Patch due to no evidence of failure or intolerance to oral NSAIDs. The treatment to date has included opioid and non-opioid pain medications. The use of opioid medications date back to August 2013. Lidoderm was started in July 2012. Flector Patches was started in May 2013. The medical records from 2013 through 2014 were reviewed showing the patient complaining of back, knee, and hip pain which has affected her ability to ambulate and the patient has been using two canes for support. Physical exam demonstrated decreased range of motion for the back, left upper extremity, and right lower extremity. There is notable tenderness over the paraspinal muscles of the back, right lower extremity, and AC joint. There was decreased sensation over the right foot and toes. Motor strength was normal for the right lower extremity. Pain level with medications was noted to be at 1/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient suffers from significant pain coming from the back, knees, and hips. The patient has spent out of pocket expense for opioids. However, the 4 domains of opioid management were not clearly addressed. While the pain level was noted to have decreased the pain, the usual pain level without medication was not documented. Functional gains such as improved ADLs were not documented from the use of opioids. Therefore, the request for Oxycontin 80mg #180 is not medically necessary.

LIDODERM 5% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the patient suffers from chronic pain and was not documented to have taken and failed first-line medications for neuropathic pain such as gabapentin. Therefore, the request for Lidoderm 5% #90 is not medically necessary.

NORCO 10-325MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient suffers from significant pain coming from the back, knees, and hips. The patient has spent out of pocket expense for opioids. However, the 4 domains of opioid management were not clearly addressed.

While the pain level was noted to have decreased the pain, the usual pain level without medication was also not documented. Functional gains such as improved ADLs were not documented from the use of opioids. Therefore, the request for Norco 10-325mg #240 is not medically necessary.

FLECTOR PATCH 1.3% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Flector Patch.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG), PAIN CHAPTER, FLECTOR PATCH.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain chapter, Flector Patch was used instead. The Official Disability Guidelines state that Flector patches are not recommended as a first line treatment for osteoarthritis and should be used when there is a failure of oral NSAIDs or contraindication to oral NSAIDs. In this case, the patient has chronic pain but the indication for this medication in this patient was not clearly discussed. There was no evidence concerning failure of oral NSAIDs. Therefore, the request for Flector Patch 1.3% #60 is not medically necessary.