

Case Number:	CM13-0028614		
Date Assigned:	12/27/2013	Date of Injury:	03/06/2001
Decision Date:	04/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/25/2013

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:

This 65 year old male sustained an injury on 3/6/01 while employed by the [REDACTED]. The requests that are under consideration include Prescriptions for Lidoderm 5% #30 with five refills, OxyContin 40 mg #90 and OxyCodone 30 mg #180. Diagnoses included lumbosacral spondylosis/ disc degenerative disease; left joint pain; arm joint pain; and carpal tunnel syndrome. A report of 8/23/13 from the provider noted patient with persistent pain complaints unchanged level from last office visits. The patient reported no side effects; however, sleep remained poor and he is trying other therapies for pain relief. Conservative care has included medications and physical therapy with only moderate improvement for his bilateral knee osteoarthritis per ortho provider at patient's other last visit. Exam included supple neck, equal breath movements, soft abdomen and extremities noted as "dressing clean, dry and intact, right lower extremity." Diagnoses from ortho listed Right knee pain s/p right hemiarthroplasty 7/15/13; chronic pain syndrome; opioid tolerance; COPD; and osteoarthritis. Orthopedist noted plant to refill medications of Oxycontin and Oxycodone; discontinue Dilaudid and the patient is also following with a pain management physician. Requests for OxyContin #90 was modified for #30 and OxyCodone #180 was modified for #90 while the Lidoderm 5% was non-certified on 9/4/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LIDODERM 5%, #30 WITH FIVE (5) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain and Lidoderm, page 751.

Decision rationale: This 65 year old male sustained an injury on 3/6/01 while employed by the [REDACTED]. Requests under consideration include Prescriptions for Lidoderm 5% #30 with five refills, OxyContin 40 mg #90 and OxyCodone 30 mg #180. Diagnoses included lumbosacral spondylosis/ disc degenerative disease; left joint pain; arm joint pain; and carpal tunnel syndrome. Report of 8/23/13 from the provider noted patient with persistent pain complaints unchanged level from last office visits. The patient reported no side effects; however, sleep remained poor and he is trying other therapies for pain relief. Conservative care has included medications and physical therapy with only moderate improvement for his bilateral knee osteoarthritis per ortho provider at patient's other last visit. Exam included supple neck, equal breath movements, soft abdomen and extremities noted as "dressing clean, dry and intact, right lower extremity." Diagnoses from ortho listed Right knee pain s/p right hemiarthroplasty 7/15/13; chronic pain syndrome; opioid tolerance; COPD; and osteoarthritis. Orthopedist noted plan to refill medications of Oxycontin and Oxycodone; discontinue Dilaudid and the patient is also following with a pain management physician. Requests for OxyContin #90 was modified for #30 and OxyCodone #180 was modified for #90 while the Lidoderm 5% was non-certified on 9/4/13 citing guidelines criteria and lack of medical necessity. Lidoderm is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. The PRESCRIPTION OF LIDODERM 5%, #30 WITH FIVE (5) REFILLS is not medically necessary and appropriate.

PRESCRIPTION OF OXYCONTIN 40MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 65 year old male sustained an injury on 3/6/01 while employed by the [REDACTED]. Requests under consideration include Prescriptions for Lidoderm 5% #30 with five refills, OxyContin 40 mg #90 and OxyCodone 30 mg #180. Diagnoses included lumbosacral spondylosis/ disc degenerative disease; left joint pain; arm joint pain; and carpal tunnel syndrome. Report of 8/23/13 from the provider noted patient with persistent pain complaints unchanged level from last office visits. The patient reported no side effects; however, sleep remained poor and he is trying other therapies for pain relief. Conservative care has included medications and physical therapy with only moderate improvement for his bilateral

knee osteoarthritis per ortho provider at patient's other last visit. Exam included supple neck, equal breath movements, soft abdomen and extremities noted as "dressing clean, dry and intact, right lower extremity." Diagnoses from ortho listed Right knee pain s/p right hemiarthroplasty 7/15/13; chronic pain syndrome; opioid tolerance; COPD; and osteoarthritis. Orthopedist noted plant to refill medications of Oxycontin and Oxycodone; discontinue Dilaudid and the patient is also following with a pain management physician. Requests for OxyContin #90 was modified for #30 and OxyCodone #180 was modified for #90 while the Lidoderm 5% was non-certified on 9/4/13 citing guidelines criteria and lack of medical necessity. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 2001 injury. Requests were modified to assist in the weaning process on 9/4/13. The PRESCRIPTION OF OXYCONTIN 40 MG, #90 and PRESCRIPTION OF OXYCODONE 30 MG #180 are not medically necessary and appropriate.

PRESCRIPTION OF OXYCODONE 30MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 65 year old male sustained an injury on 3/6/01 while employed by the [REDACTED]. Requests under consideration include Prescriptions for Lidoderm 5% #30 with five refills, OxyContin 40 mg #90 and OxyCodone 30 mg #180. Diagnoses included lumbosacral spondylosis/ disc degenerative disease; left joint pain; arm joint pain; and carpal tunnel syndrome. Report of 8/23/13 from the provider noted patient with persistent pain complaints unchanged level from last office visits. The patient reported no side effects; however, sleep remained poor and he is trying other therapies for pain relief. Conservative care has included medications and physical therapy with only moderate improvement for his bilateral knee osteoarthritis per ortho provider at patient's other last visit. Exam included supple neck, equal breath movements, soft abdomen and extremities noted as "dressing clean, dry and intact, right lower extremity." Diagnoses from ortho listed Right knee pain s/p right hemiarthroplasty 7/15/13; chronic pain syndrome; opioid tolerance; COPD; and osteoarthritis. Orthopedist noted plant to refill medications of Oxycontin and Oxycodone; discontinue Dilaudid and the patient is

also following with a pain management physician. Requests for OxyContin #90 was modified for #30 and OxyCodone #180 was modified for #90 while the Lidoderm 5% was non-certified on 9/4/13 citing guidelines criteria and lack of medical necessity. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 2001 injury. Requests were modified to assist in the weaning process on 9/4/13. The PRESCRIPTION OF OXYCONTIN 40 MG, #90 and PRESCRIPTION OF OXYCODONE 30 MG #180 are not medically necessary and appropriate.