

Case Number:	CM13-0051429		
Date Assigned:	12/27/2013	Date of Injury:	09/28/2011
Decision Date:	04/30/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 Texas and Oklahoma. 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 60-year-old male who reported an injury on 09/28/2011. The mechanism of injury was noted to be that the patient bent over to retrieve a handgun magazine and sustained a back injury. The patient underwent a revision L4-5 left-sided decompression possible microdiscectomy in 09/2003. The patient underwent a revision of L4-5 microdiscectomy on 07/25/2013. The patient's medication history included benzodiazepines and opioids as of 04/2013 and topical lidocaine as of 07/2013. The most recent pain management consultation note was dated 04/25/2013. Per the application for Independent Medical Review the request was made for Temazepam, lidocaine topical, Norco, Dilaudid, and a 10 panel urine drug screen on 10/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZEPAM 7.5MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The Chronic Pain Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than three (3) weeks, due to a high risk of psychological and physiologic dependence. The clinical documentation submitted for review provided evidence that the patient has been on the medication for an extended duration of time. Therefore, continued use would not be supported. There was a lack of a recent DWC form RFA or a PR-2 to support the necessity. Additionally, there was a lack of documentation indicating that the patient needed three (3) refills. Given the above, the request for Temazepam 7.5 mg #60 with three (3) refills is not medically necessary.

LIDOCAINE 5% OINTMENT 200 GRAMS WITH 3 REFILLS: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica) and that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review indicated the patient had been on the medication since 07/2013. There was lack of documentation of the effectiveness of the requested medication. Additionally, there was no updated PR-2 or DWC Form RFA submitted with the request. There was lack of documentation indicating that the patient had a necessity for three (3) refills without re-evaluation. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for lidocaine 5% ointment 200 grams with three (3) refills is not medically necessary.

NORCO 10/325MG #180 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, ONGOING MANAGEMENT, OPIOIDS, DOSING Page(s): 60, 78, 86.

Decision rationale: The Chronic Pain Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review failed to provide documentation of the above criteria. Additionally, there was a lack of documentation of the DWC Form RFA or PR-2 to support the request. The patient had been taking opioids since 04/2013. There was lack of documentation

indicating the necessity for three (3) refills without re-evaluation. Given the above, the request for Norco 10/325 mg #180 with three (3) refills is not medically necessary.

DILAUDID 4MG #50 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHROINC PAIN, ONGOING MANAGEMENT, OPIOIDS, DOSING Page(s): 60, 78, 86.

Decision rationale: The Chronic Pain Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review failed to provide documentation of the above criteria. Additionally, there was a lack of documentation of the DWC Form RFA or PR-2 to support the request. The patient had been taking opioids since 04/2013. There was lack of documentation indicating the necessity for three (3) refills without re-evaluation. Given the above, the request for Dilaudid 4 mg #50 with three (3) refills is not medically necessary.

10 PANEL URINE DRUG SCREENING PERFORMED ON 10/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION Page(s): 94-95. Decision based on Non-MTUS Citation ODG-TWC, PAIN (UPDATED 06/07/13), CRITERIA FOR USE OF URINE DRUG TESTING

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

Decision rationale: The Chronic Pain Guidelines recommend urine drug screens for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to meet the above criteria. There was the lack of documentation including the requesting DWC Form RFA and PR-2 on 10/25/2013. Given the above, the request for ten (10) panel urine drug screen performed on 10/25/2013 is not medically necessary.