

Case Number:	CM13-0057994		
Date Assigned:	12/30/2013	Date of Injury:	08/11/1999
Decision Date:	04/04/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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 Illinois. 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. 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 62-year-old male who reported an injury on 08/11/1999. The mechanism of injury was not provided for review. The patient developed chronic back pain that was managed with medications. The patient's most recent medication schedule included Diazepam 10 mg 2 to 3 times daily, Baclofen 20 mg one 3 to 4 times daily, Norco 10/325 mg 1 tablet every 6 hours as needed for pain, Tegretol 100 mg daily, Omeprazole DR 20 mg twice daily, Lidoderm patch 5%, and Trazodone 50 mg 1 each once a day at bedtime. The patient's physical findings included decreased range of motion throughout the spine secondary to pain with an unsteady gait. The patient's diagnoses included thoracic outlet syndrome, neuritis, chronic cervical sprain/strain, chronic pain, and insomnia. The patient's treatment plan included continuation of medications and initiation of Diazepam for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch: 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 Topical Analgesics Page(s): 111.

Decision rationale: The requested Lidoderm is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of Lidoderm patches for patients with neuropathic pain. Continued use of this medication must be supported by documentation of functional benefit and pain relief. The clinical documentation submitted for review does indicate the patient has been on this medication for an extended duration of time. However, there is no documentation of functional benefit or significant pain relief related to this medication. Additionally, the request is vague as it does not adequately determine a dosage and intended frequency and duration. Therefore, the appropriateness of this medication cannot be determined. As such, the requested Lidoderm is not medically necessary or appropriate.

OxyContin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested OxyContin is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence the patient is monitored for aberrant behavior. Additionally, the clinical documentation fails to provide any functional benefit related to medication usage or a quantitative assessment of pain relief to establish the efficacy of this medication and support continued use. Additionally, the request as it is written does not provide a dosage, intended duration, or frequency of this medication. Therefore, the appropriateness cannot be determined. As such, the requested OxyContin is not medically necessary or appropriate.