MAXIMUS Federal Services

Case Number:	CM13-0063676		
Date Assigned:	12/30/2013	Date of Injury:	07/24/2005
Decision Date:	05/16/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/10/2013

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, has a subspecialty in Interventional Spine 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 a 62 year old female with date of injury 7/24/05. The treating physician report dated 10/10/13 indicates that the patient presents with chronic neck pain and lower back pain due to degenerative spondylosis. Current medications are Oxycontin 10mg #120, Percocet 10/325 #150, Ambien CR 12.5 #30, Neurontin 300mg #60, Senekot-S #200, Lidoderm Patches #30 and Wellbutrin SR 150mg #60. The current diagnoses are chronic lower back pain, degenerative spondylosis, chronic neck pain, degenerative spondylosis and pain disorder with psychological/general medical condition. The utilization review report dated 11/22/13 denied the request for Oxycontin, Percocet, Ambien and Lidoderm patches and recommended weaning of Oxycontin and Percocet based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 10MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain and Opioids, Long-Term Assessment Page(s): 80-82 AND 88-96.

Decision rationale: The patient presents with chronic neck and back pain. The current request is for Oxycontin 10mg #120. The treating physician reports reviewed indicate that the patient has been taking Oxycontin since at least 11/8/12. The treating physician states, "This patient continues with pain that to some degree interferes with this patients level of physical activity. Even so, the current medication regimen is the most effective analgesic medication regimen to date and should no be altered, per the following California State Law AB 974 (Gallegos)." In reviewing the treating physician report dated 10/10/13 there is limited documentation regarding the efficacy from chronic use of Oxycontin. The California MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The California MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. For medication efficacy, the treating physician only provided a statement indicating that this is the most effective analgesic medication to date. MTUS requires much more documentation to show that this medication is efficacious in terms of pain and function. Given the lack of documentation, recommendation is for denial and slow weaning per MTUS.

PERCOCET 10/325 #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain and Opioids, Long-Term Assessment Page(s): 80-82 AND 88-96.

Decision rationale: The patient presents with chronic neck and back pain. The current request is for Percocet 10/325 #150. The treating physician reports reviewed indicate that the patient has been taking Percocet since at least 11/8/12. The treating physician states, "This patient continues with pain that to some degree interferes with this patients level of physical activity. Even so, the current medication regimen is the most effective analgesic medication regimen to date and should no be altered, per the following California State Law AB 974 (Gallegos)." In reviewing the treating physician report dated 10/10/13 there is limited documentation regarding the efficacy from chronic use of Percocet. MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The California MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. The California MTUS further

discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. For medication efficacy, the treating physician only provided a statement indicating that this is the most effective analgesic medication to date. The California MTUS requires much more documentation to show that this medication is efficacious in terms of pain and function. The provider in this case has not documented any of the requirements that are outlined in the MTUS guidelines. Given the lack of documentation, recommendation is for denial and slow weaning per MTUS.

AMBIEN CR 12.5 #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Stress & Mental Illness Chapter

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

Decision rationale: The patient presents with chronic neck and back pain. The current request is for Ambien CR 12.5 #30. There are no records provided to indicate the patient's response to the usage of Ambien. Ambien (Zolpidem) is not addressed in the MTUS guidelines. The ODG guidelines state that Zolpidem is approved for the short-term (usually 2 to 6 weeks) for treatment of insomnia. The patient has been taking Zolpidem since at least 11/8/12. Furthermore, MTUS page 60 states, "A record of pain and function with the medication should be recorded." The ODG guidelines do not recommend long term usage of Ambien. Recommendation is for denial.

LIDODERM PATCHES #30: 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 and Topical Analgesics Page(s): 56-57 AND 111-113. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LIDODERM; TOPICAL ANALGESICS, 56-57, 111-113

Decision rationale: The patient presents with chronic neck and back pain due to spondylosis. The current request is for Lidoderm patches #30. Review of the 11/8/12 treating physician report indicates that the patient has been using Lidoderm patches for at least 11 months. There is no documentation indicating the response to this medication. The treating physician does not document any neuropathic pain and there are no objective findings in the 10/10/13 report other than a check box that states, "Function 6/10, Sleep 7/10 and Support 8/10." The California MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. There is no documenation provided to indicate the presence of neuropathic pain and the treater has no documentation of the effects of this medication as recommended on page 60 of MTUS. Recommendation is for denial.