

Case Number:	CM13-0067709		
Date Assigned:	01/03/2014	Date of Injury:	06/14/2000
Decision Date:	04/15/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 Orthopedic Surgery, 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 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 claimant is currently being treated for ongoing low back pain as it relates to a vocationally related injury from June 14, 2000. The records for review indicated that he has undergone a variety of procedures in the past including an intradiscal electrothermal therapy (IDET) procedure as well as a L4-5 lumbar fusion. Reportedly, the claimant continues to suffer from chronic back and lower extremity pain. He is on a variety of medications at this point in time. Extensive records from his treating physicians document what appears to be a stable clinical course. In general, this claimant is described as being in only mild pain with limited objective findings on examination as noted by extensor hallucis weakness. Reportedly, he is able to maintain all of his activities of daily living as well as engaging in activities outside of the home including motorcycle riding and gardening. The records do not document any evidence of clinical change. The purpose of this review is to determine the medical necessity of three medications including (a) Lidoderm patch, (b) trazodone, and (c) OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch QD, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics, Lidocaine Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that topical agents are largely experimental as there are few randomized controlled trials that document efficacy and safety. Unfortunately, the records in this particular case provide only limited information regarding the benefits or lack thereof of the lidocaine patch. The records document this employee has been on this medication chronically but do not clearly identify whether or not this employee has seen meaningful relief with use of this medication. In light of the fact that this medication is generally described as experimental in the MTUS Chronic Pain Guidelines and the records do not provide sufficient information that would document its benefits, the request for Lidoderm Patch cannot be recommended as medically necessary.

Trazodone 100 mg 1-2 HS, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Pain: Insomnia Treatment.

Decision rationale: Trazodone is reportedly being prescribed for insomnia. According to the records, the employee has reportedly seen benefits of this medication. Of note is the fact that this employee had previously been on medications such as Lunesta for sleep. It appears from the most recent documentations that trazodone has been substituted as the Lunesta is not currently listed on his medication list. If in fact an alternative medication which may be providing additional benefit has been substituted while one has been discontinued, the employee has been documented as seeing meaningful relief, it would appear that trazodone may in fact represent a more reasonable option for this employee in this case. As such, according to the MTUS Chronic Pain Guidelines, it would be considered a viable option for this employee's insomnia in this setting. As such, I would submit that that portion of the request be considered reasonable and medically necessary.

OxyContin 80 mg TID, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone, Weaning of Medications Page(s): 75, 92, 124.

Decision rationale: In addition to this employee's OxyContin t.i.d., the employee is also taking Norco 10 mg for breakthrough pain. The OxyContin alone would represent 360 morphine equivalents. Medications of this dosage have been shown to substantially increase the patient's

risk of overdose and/or other adverse consequences of long-term narcotic use. As such, its continued use at this level cannot be supported. The employee, while reportedly stable, has not been through any attempted weaning process. This would clearly be indicated based on the substantial levels of narcotic medications this employee is currently taking. This would appear reasonable based on this employee's failure to perform activities such as riding a motorcycle and gardening. As such, I would agree with the previous adverse determination that the request for 80 mg of OxyContin t.i.d. would not be appropriate in this setting and that a modification of that to diminish quantity to initiate the weaning process would be appropriate.