

Case Number:	CM13-0067720		
Date Assigned:	01/03/2014	Date of Injury:	12/17/2011
Decision Date:	06/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 50 year old male who reported an injury on 12/17/2011 secondary to an unknown mechanism of injury. He was treated with epidural steroid injections at L4-5 and L5-S1 on 02/28/2013 and 05/30/2013. He also underwent a left knee arthroscopy on 05/03/2013 and right knee arthroscopy on 07/24/2013. It was noted that the injured worker was treated previously with Norco, Neurontin, and Naproxen, which were discontinued due to elevated liver enzymes. The injured worker was evaluated on 11/26/2013 and reported 7/10 low back pain radiating to the lower extremities bilaterally with numbness and tingling. He also reported pain in the right wrist, right forearm, and bilateral shoulders, with improving pain in the knees post-operatively. On physical examination, he was noted to have a positive impingement sign bilaterally, lumbar paraspinous tenderness and muscle spasm, and decreased lumbar range of motion. It was noted that he had completed 6 visits of post-operative physical therapy at that time. Medications were noted to include Oxycodone 10mg 2-3 times per day as needed for moderate to severe breakthrough pain. The injured worker reported that his pain level was a 10/10 without medication, and that the medication helped him to participate in activities of daily living to include self-care, self-grooming, and light household chores. He denied any intolerable side effects from the medication. The injured worker submitted to a urine drug screen on 10/08/2013, and the results were consistent with the use of Oxycodone. A request for authorization was submitted and certified for Oxycodone and Lidoderm patches between 12/19/2013 and 02/02/2014. The current request for authorization was submitted for a one month supply of Lidoderm 5% patches and Oxycodone IR 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH SUPPLY OF LIDODERM 5% PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

Decision rationale: The request for a one month supply of Lidoderm 5% patch is non-certified. California MTUS Guidelines recommends Lidoderm for the treatment of neuropathic pain after there has been evidence of a trial of first-line therapy. The injured worker reported neuropathic pain radiating from the low back to the extremities bilaterally with tingling and numbness. The injured worker was noted to have been treated with Neurontin and Naproxen previously, which were discontinued due to elevated liver enzymes. A previous request was submitted for Lidoderm between 12/19/2013 and 02/02/2014, and that request was certified on 12/27/2013. The most recent clinical note submitted for review is dated 11/26/2013. There is no documentation since the original prescription of this medication to indicate quantifiable pain relief and/or functional improvement with the injured worker's use of this medication. The injured worker should be re-evaluated for determination of medication efficacy to warrant continued use of this medication. In addition, the request does not include the specific number of patches requested. As such, the request for a one month supply of Lidoderm 5% patch is not medically necessary or appropriate.

OXYCODONE IMMEDIATE RELEASE 10MG, #90: Overturned

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): 78.

Decision rationale: The request for Oxycodone IR 10mg #90 is certified. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker has used Oxycodone IR 10mg since at least 08/14/2013, and was using no other medications at the time of the most recent evaluation. The injured worker reported that his pain level decreased from 10/10 to 7/10 with the use of Oxycodone IR and that the medication helped him to participate in activities of daily living to include self-care, self-grooming, and light household chores. The injured worker submitted to a urine drug screen on 10/08/2013, and the results were consistent with the use of Oxycodone. Therefore, the injured worker meets evidence-based criteria for continued use. As such, the request for Oxycodone IR 10mg #90 is medically necessary and appropriate.

