

Case Number:	CM14-0001806		
Date Assigned:	04/04/2014	Date of Injury:	08/30/2006
Decision Date:	05/08/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/06/2014

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 Internal and Emergency 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:

This patient is a 57 year-old with a date of injury of 08/30/06. A progress report associated with the request for services, dated 11/11/13, identified subjective complaints of neck & low back pain. Objective findings included tenderness and decreased range-of-motion of the cervical and lumbar spines. There was decreased sensation and strength in the upper and lower extremities. Diagnoses included myofascial neck pain and multifactorial lumbar pain with radiculopathy. Treatment has included chronic opioids, muscle relaxants, and antidepressants. A Utilization Review determination was rendered on 12/19/13 recommending non-certification of "1 prescription for Vicodin 5/500mg, quantity: 60; 1 prescription for 60 Lidoderm 5% patches; and 1 med panel".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR VICODIN 5/500MG, QUANTITY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the MTUS California Chronic Pain Medical Treatment Guidelines, May 2009, Vicodin (Hydrocodone/Acetaminophen); Recommendations For General Conditions; Weaning Of Medications.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Functional Improvement Measures, Opioids Page(s): 48, 74-96.

Decision rationale: The patient is on chronic Vicodin 5/500. This is classified as an opioid analgesic in combination with acetaminophen. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS further states that opioids are not recommended for more than 2 weeks for low back complaints. The patient has been on opioids well in excess of 16 weeks. In this case, there is no documentation of the other elements of the pain assessment referenced above or necessity of therapy beyond 16 weeks or specific functional improvement. Therefore, there is no documented medical necessity for Vicodin.

1 PRESCRIPTION FOR 60 LIDODERM 5% PATCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS California Chronic Pain Medical Treatment Guidelines, May 2009, Lidoderm (R) (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Lidoderm.

Decision rationale: Lidoderm (lidocaine patch) is a topical anesthetic. The Medical Treatment Utilization Schedule (MTUS) states: "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." The Official Disability Guidelines (ODG) also state that Lidoderm is not recommended until after a trial of first-line therapy. Therefore, in this case, there is no documentation of the neuropathic component of the pain, failure of conventional first-line therapy, or documented functional improvement for the medical necessity of Lidoderm.

1 MED PANEL: 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 Opioids Page(s): 74-96.

Decision rationale: The request is abbreviated as Med Panel. The original non-certification was based upon this as a request for a laboratory panel. The Medical Treatment Utilization Schedule (MTUS) does not suggest routine monitoring of laboratory studies with opioid therapy. When there is an indication of underlying liver or kidney disease that might affect drug metabolism, then those specific studies may be indicated. In this case, there is no documentation in the record of abnormal liver or kidney function. Therefore, the medical record does not support the medical necessity for a laboratory panel.