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| Case Number: | CM14-0003182 | | |
| Date Assigned: | 01/31/2014 | Date of Injury: | 05/25/1995 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 01/08/2014 |

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 has chronic neck and back pain, following an injury over 19 years ago, on 5/25/95. The pain is described as myofascial in nature. Additionally, she has been diagnosed with Reflex sympathetic dystrophy (RSD) in the lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 60MG XR 12HR 1 TAB PO ONCE A DAY #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, DOSING; CRITERIA FOR USE OF OPIOIDS (WHEN TO CONTINUE OPIOIDS), Page(s): 86-87 AND 80.

Decision rationale: The combined doses of requested narcotic exceed the maximum recommendation of 120 mg of morphine equivalents, at 210 mg (using a 1.5 conversion factor for oxycodone). Furthermore, the MTUS guidelines specify that opioids are continued when the patient has returned to work or achieved improved functioning and decreased pain. In this case, the patient has not satisfied these criteria. Her provider suggested she decrease her narcotic use. A specific plan to wean was not recorded; however, although the provider pointed to a goal of

150 mg morphine equivalents, still more than recommended. As such, the request is not certified.

LIDODERM 5 PERCENT PATCH 1-3 PATCHES ON FOR 12HRS OFF 12HRS #90:
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 based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,, PAGE

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended for localized peripheral pain. They are also found to have potential hazards with use in large amounts. Three patches at a time is a large amount. As such, the request is not certified.

IBUPROFEN 600MG 1 PO BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 67-68; 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68; 72.

Decision rationale: This patient has chronic low back pain and neck pain with myofascial components. She also suffers from neuropathic pain in the lower extremities. The treatment guidelines recommend short-term use for chronic back pain or exacerbation of pain. Non-steroidal anti-inflammatory drugs (NSAIDs) may be helpful for breakthrough neuropathic pain. The patient has been using ibuprofen regularly; however, and her blood pressure is elevated. She should use an alternate source of pain relief, and reduce to ibuprofen use on a truly as needed basis. As such, the request is not certified.

OXYCONTIN 80MG XR 12HR 1 TAB PO ONCE A DAY #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, DOSING, CRITERIA FOR USE OF (WHEN TO CONTINUE OPIOIDS), Page(s): 86-87 AND 80. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE

Decision rationale: The combined doses of requested narcotic exceed the maximum recommendation of 120 mg of morphine equivalents, at 210 mg (using a 1.5 conversion factor for oxycodone). Furthermore, the MTUS guidelines specify that opioids are continued when the

patient has returned to work or achieved improved functioning and decreased pain. In this case, the patient has not satisfied these criteria. Her provider suggested she decrease her narcotic use. A specific plan to wean was not recorded; however, although the provider pointed to a goal of 150 mg morphine equivalents, still more than recommended. As such, the request is not certified.