

<b>Case Number:</b>	CM14-0100222		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/25/2001
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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 applicant has filed a claim for chronic low back pain, insomnia, and failed back syndrome reportedly associated with an industrial injury of January 25, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier lumbar laminectomy surgery; opioid agents; and topical medications. In a June 16, 2014 telephonic encounter, the attending provider sought authorization for various medications in conjunction with a folding cane, adjustable cane, and shower chair. On June 5, 2014, the applicant presented reporting 6-9/10 pain, reportedly diminished with medications. Tenderness and limited range of motion were noted about the lumbar spine. The applicant was using a walker to move about. The applicant was given refills of fentanyl, Oxycodone, and Tegaderm patches. The applicant's work status was not stated, although it did not appear that the applicant was working. In an earlier note dated April 1, 2014, the applicant reported 6/10 pain with medications versus 9/10 pain without medications. The applicant apparently had a nonindustrial issue of arm fracture for which she is receiving care elsewhere. The applicant received refills of fentanyl, Oxycodone, and Tegaderm patches. On March 21, 2014, the applicant received sacroiliac joint injection therapy. On February 3, 2014, the applicant again reported 6/10 pain with medications versus 9/10 pain without medications. The applicant stated that usage of her arm and/or walking remained limited. Sacroiliac joint injection therapy was sought while various medications were refilled, including Duragesic, Oxycodone, Cymbalta, Lyrica, Lidoderm, Celebrex, and Imitrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective use of Oxycodone 30mg (DOS: 3-12-14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. While the attending provider has reported some decrements in pain scores with ongoing opioid usage, these are seemingly outweighed by the applicant's difficulty performing even basic activities of daily living such as ambulating as well as the applicant's seeming failure to return to any form of work. Therefore, the request is not medically necessary.

**Retrospective use of Lidocaine 5% patch (DOS: 2-5-14, 3-5-14, 3-19-14): 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 Lidocaine Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of Lyrica, an anticonvulsant adjuvant medication, and Cymbalta, an antidepressant adjuvant medication, effectively obviates the need for the lidocaine patches at issue. Therefore, the request is not medically necessary.

**Prospective Oxycodone 30mg (no quantity given): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. While the treating provider has documented some reduction in pain scores from 9/10 to 6/10 with ongoing medication usage,

including ongoing oxycodone usage, this is outweighed here by the applicant's failure to return to any form of work and continued dependence on a walker and cane as well as the applicant's difficulty performing even basic activities of daily living such as ambulating. Continuing oxycodone was not appropriate in this context. Therefore, the request was not medically necessary.

**Prospective Lidocaine 5% patch (no quantity given): 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 Lidocaine section Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Cymbalta, an antidepressant adjuvant medication, and Lyrica, an anticonvulsant adjuvant medication, effectively obviated the need for the lidocaine patches at issue. Therefore, the request was not medically necessary.