

Case Number:	CM14-0100849		
Date Assigned:	07/30/2014	Date of Injury:	11/26/2008
Decision Date:	10/16/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	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 Internal 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 injured worker is a 50 year old female who sustained an injury on 11/26/08. The injured worker has been followed for ongoing chronic low back pain with radiating pain in the lower extremities as well as numbness and tingling. The injured worker has undergone prior surgical intervention for the lumbar spine and has been assessed with post-laminectomy syndrome. MRI studies of the thoracic spine from 05/13/13 noted some disc bulging at T6-7 without stenosis. The injured worker did have a spinal cord stimulator placed on 09/27/13. Recent urine drug screens from 05/05/14 noted positive findings for percocet. As of 05/07/14 the injured worker continued to report lower extremities symptoms that were improved with the spinal cord stimulator. The injured worker was using tramadol for breakthrough pain; however, there have been ER visits due to uncontrolled pain. Other medications at this visit included Percocet 10/325mg up to 6 per day, Ibuprofen 800mg, Lidopro topical ointment, and Phenergan. The injured worker reported very minimal improvement with Percocet. On physical exam there was some weakness noted in the left tibialis anterior and extensor hallicus longus. As of 06/04/14, the injured worker was attending acupuncture with temporary benefit. The injured worker still reported inadequate relief with Percocet at 6 per day. There were positive facet findings on physical exam. The injured worker did have an ER visit on 06/27/14. The requested medications and facet joint injection at T8-9 was denied on 06/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

Decision rationale: In regards to the use of Percocet 10/325mg quantity 180, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Percocet can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Percocet. No specific pain improvement was attributed to the use of this medication. As there is insufficient evidence to support the ongoing use of Percocet is not be medically necessary.

Lido Pro Topical Ointment 4 oz.: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the use of Lidopro as a topical analgesic, this reviewer would not have recommended this request as medically appropriate. Lidopro contains lidocaine which can be considered an option in the treatment of neuropathic pain. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, this request is not medically appropriate.

Intra- articular joint injection bilateral T8-9: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet injections, therapeutic

Decision rationale: In review of the clinical documentation provided, the injured worker has been followed for positive facet findings on physical exam. The injured worker has had an extensive amount of medication management and does not present with any evidence of a thoracic radiculopathy. Per guidelines, facet joint intra-articular injections are not indicated due to the lack of evidence regarding their long term efficacy in the treatment of facet mediated pain. Guidelines recommend medial branch blocks to determine pain generators in patients who are felt to have facet mediated pain to determine if radiofrequency ablation procedures would be a benefit. As such, this request is not medically necessary.