

Case Number:	CM14-0014114		
Date Assigned:	02/26/2014	Date of Injury:	04/19/2004
Decision Date:	07/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/04/2014

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:

This is a 49-year-old female patient with a 4/19/04 date of injury. A 1/16/14 progress report indicated that the patient continued to have constant pain in her neck radiating to the upper extremities with numbness and tingling. The patient had cervical epidural steroid injection on 8/26/13 and reported 50% pain relief of neck and bilateral upper extremities. The objective findings revealed decreased range of motion in the cervical spine in all planes with discomfort. There was tenderness in the bilateral cervical paraspinal muscles, diminished sensation to light touch diffusely in both arms, slightly more in right arm. A 1/22/13 progress report indicated that the patient's pain decreased with medication to 3/10 and without medication it was 7/10. She was diagnosed with cervical spine pain, cervical degenerative disc disease and radiculopathy, bilateral carpal tunnel disease, depression, migraine, opioid induced constipation. The treatment to date included a TENS unit, medication management, and injections. There is documentation of a previous 1/14/14 adverse determination. The request for Oxycontin was modified from #90 to #45 for weaning; Percocet was also modified from # 120 to # 60 for weaning. Lidoderm patches was not certified based on the fact that topical analgesic use was largely experimental, Duexis was also not certified because there was no functional benefits of NSAID use. Senokot was not certified based on the fact that the patient was already prescribed Docusate, and the request was redundant.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 10MG PO Q8 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, the patient was taking opiates since at least 1/22/13. There was no documentation of initiation of weaning process. In addition there was no urine drug screen test available to confirm that the patient was consistent with prescription. There was no documentation supporting significant functional gains, lack of aberrant behavior or adverse side effects, CURES monitoring, or an opiate pain contract. Therefore, the request for Oxycontin 10mg #90, as prescribed, was not medically necessary.

PERCOCET 10/325 1 PO Q6 PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However the patient was taking opiates since at least 1/22/13. There was no documentation of initiation of weaning process. In addition there was no urine drug screen test available to confirm that the patient was consistent with prescription. There was no documentation supporting significant functional gains. There is no documentation of lack of adverse side effects, controlled substance utilization review and evaluation system (CURES) monitoring, opiate pain contract, or aberrant behavior. Therefore, the request of Percocet 10/325 #120, as prescribed, was not medically necessary.

LIDODERM 5% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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), Pain Chapter Lidoderm.

Decision rationale: The California MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or serotonin-Norepinephrine reuptake inhibitors anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica). The ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, there was no documentation of objective benefits of Lidoderm patches in the patient. In addition, there was no evidence of failure first line medication treatment. There was no documentation of location of use of the patches, duration of time, and the frequency of use of the patches. There is no description of functional gains from a trial of Lidoderm patches. Therefore, the request for Lidoderm 5% #90 was not medically necessary.

DUEXUS: 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. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain chapter, page (46) and on the Non-MTUS FDA Duexis.

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In addition, the FDA states that Duexis is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers. However, there is no rationale provided as to why the patient needs a combination medication as opposed to the medications separately. Therefore, the request for Duexis was not medically necessary.

SENOKOT S 2PO QHS #60: Overturned

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 FDA Senna.

Decision rationale: The California MTUS does not support this issue. The FDA states that Senna is indicated for short-term treatment of constipation, preoperative and pre-radiographic bowel evacuation or for procedures involving gastrointestinal tract. The patient was diagnosed with opioid induced constipation. The patient failed treatment with Docusate, and was switched to Senokot. Guidelines do support laxatives in the setting of opioid-induced constipation. Therefore, the request for Senokot S #60 was medically necessary.

