MAXIMUS Federal Services

Case Number:	CM14-0014721		
Date Assigned:	02/28/2014	Date of Injury:	06/16/1982
Decision Date:	07/11/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine, and is licensed to practice in Caifonria. 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 80-year-old male patient with a date of injury of 6/16/82. The mechanism of injury occurred when he felt pain while unloading the truck while making a delivery to a grocery store. On 12/17/13, the patient complained of chronic low back pain with a pain scale rated at 6 - 7/10. The pain continued to interfere with patient's level of physical activity at 3 - 4/10, sleep at 4/10 and hobbies at 7/10. The medical doctor stated the patient has had a UDS which was consistent with opiate use. Diagnostic impression is chronic low back pain and degenerative lumbar spondylosis. The treatments that the patient is currently using are, heating pads; home exercise program; lumbar spine surgery; medication management. A Utilization Review decision dated 1/28/14 found the request for Oxycontin, Lidoderm Patches and Diazepam not medically necessary. There was documentation of ongoing review of pain relief, functional status, appropriate medication use and side effects for his chronic Oxycontin therapy. There was documentation of effective pain relief and improvement of function.The Patient has also had a UDS which was consistent. There is however, concern about the current dose with respect to age and the doctor has considered weaning. Therefore the Oycontin was not medically necessary as requested. The Lidoderm patches were not medically necessary because the documentation does not describe well-demarcated neuropathic pain that has failed the available oral anti-depressant or antiepileptic agents. The Diazepam was not medically necessary beause the guidelines do not support the long term use of benzodiazepines due to unproven efficacy and also the risk of dependency.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OXYCONTIN 80MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

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; prescribed at the lowest possible dose; and there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is concern with the current dose with respect to the patient's age. The provider agreed to consider weaning. There is no documentation that weaning was initiated. There is no documentation of a CURES report or opiate pain contract. The patient has been on opiates long-term and there is no documentation of the end-points of treatment. Therefore, the request for Oxycontin 80mg #180 is not medically necessary.

PRESCRIPTION OF LIDODERM PATCHES #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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 Patches.

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 (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The Official Disability Guidelines states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The patient is noted to be on doxepin which is primarily for sleep, but is not documented to be taking a first-line agent such as gabapentin for the treatment of the chronic neuropathic pain. There is no documentation of the area for treatment with the Lidoderm patches, as well as number of planned patches and duration for use. The Official Disability Guidelines recommends a trial period of the patches to establish efficacy. Therefore, the request for Lidoderm Patches #90 is not medically necessary.

PRESCRIPTION OF DIAZEPAM 10MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The guidelines do not support the long-term use of Diazepam due to the risk of dependence and abuse. Guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions, and long-term use may actually increase anxiety. This patient has been on Diazepam long-term. Therefore, the request for prescription of Diazepam 10 mg #60 is not medically necessary.