

Case Number:	CM14-0134698		
Date Assigned:	09/24/2014	Date of Injury:	11/07/1994
Decision Date:	10/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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 Rehabilitation; has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a remote history of a work injury occurring on 11/07/94. He was seen on 03/17/11. He was not working. He was having neck pain radiating into the right arm with right hand tingling. Physical examination findings included decreased right hand sensation. Diagnoses included a right C6 radiculopathy with large anterior osteophyte at C6-7 causing esophageal impingement. Cataflam #60 and Axid 150 mg #60 were prescribed. 06/12/13 he was having ongoing low back pain rated at 5/10. Physical examination findings included lumbar paraspinal muscle tenderness with positive right straight leg raising. MS Contin 15mg, Neurontin 900 mg, Vicodin 5/500mg, and Lidoderm were refilled. On 12/12/13 he had increased back pain rated at 8-9/10. Physical examination findings included lumbar paraspinal tenderness with decreased right lower extremity sensation and a positive right straight leg raise. Vicodin 5/500mg three times per day and Lidoderm were refilled. Urine drug screening was performed and results were consistent with prescribed medications. On 01/07/14 he was having ongoing low back pain and stiffness and right leg tingling. He was using an electrical stimulator. Ibuprofen and omeprazole were prescribed. A Toradol injection was administered. On 03/14/14 he was having ongoing low back pain radiating into the right lower extremity with numbness and tingling. Pain was rated at 7/10. He was having stomach upset when taking ibuprofen. Physical examination findings appear unchanged. Vicodin 5/500mg three times per day for breakthrough pain, Lidoderm, Motrin 800 mg two times per day, and Prilosec were prescribed. Additional testing and consideration of a lumbar epidural steroid injection are referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Vicodin 5/300mg (Through Express Scripts 800-945-5951): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and dosing, Page(s): 76-80, p86.

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic radiating neck and low back pain. He takes medications including opioids, but has high pain scores and has not returned to work. Medications include Vicodin at a total morphine equivalent dose (MED) of less than 120 mg per day. In this case, there is no evidence of progress towards a decreased reliance on medical care or return to work plan with poor pain control, and the claimant appears to be becoming more dependent in terms of medical care usage. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Vicodin was not medically necessary.

Unknown Prescription for Lidoderm Patches (Through Express Scripts 800-945-5951): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics, Page(s): 111-113, 56-57.

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic radiating neck and low back pain. He takes medications including opioids, but has high pain scores and has not returned to work. Medications include Lidoderm. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. However, this claimant does not have localized pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.

60 Motrin 800 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects, Page(s): 73.

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic radiating neck and low back pain. He takes medications including opioids, but has high pain scores and has not returned to work. Medications include Motrin 800mg being taken two times per day. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of ibuprofen should not exceed 3200 mg/day. In this case, the requested Motrin dosing is within guideline recommendations and therefore medically necessary.

1 Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 77-78.

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic radiating neck and low back pain. He takes medications including opioids, but has high pain scores and has not returned to work. Medications include Vicodin at a total morphine equivalent dose (MED) of less than 120 mg per day. Prior urine drug screening in December 2013 was performed with no inconsistencies noted. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. Therefore this request for urine drug screening was not medically necessary.