

Case Number:	CM14-0036064		
Date Assigned:	06/23/2014	Date of Injury:	10/06/1998
Decision Date:	07/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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 Geriatrics and is licensed to practice in New York. 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 61 year old man with a date of injury of 10/6/98. He was seen by his provider on 1/27/14 with complaints of back pain with radiation to his right leg as well as right wrist and knee pain. His pain level had decreased from his last visit and he had no side effects with fair sleep. His activity level was the same. He had run out of Percocet and Oxycontin and had a few remaining tablets of Zanaflex. He was receiving chiropractic therapy. He took several medications for pain including Voltaren gel, Lorazepam and Lexapro. He also took Lidoderm patch, Percocet as needed, Zanaflex as needed and Oxycontin twice daily. These medications are at issue in this review. He noted he can complete daily projects in his garage when he takes Percocet for breakthrough pain. He denied side effects. His physical exam showed an antalgic gait. He had restricted lumbar spine range of motion with paravertebral pain and spasm. His straight leg raise was negative. His wrist showed restricted range of motion with dorsiflexion to 30 degrees but normal palmar flexion. He had a positive bilateral compression test. He also had bilateral restricted knee range of motion and pain with palpation of the joint line and patella. His diagnoses were knee pain, lumbar facet syndrome and tear lateral and medial meniscus - knee. He was scheduled for right carpal tunnel release surgery and was status post left carpal tunnel release surgery. The medications at issue in this review are listed above, prescribed for pain and the duration of therapy is not listed in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg #60: 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 Opioids Page(s): 74-80.

Decision rationale: This 61 year old injured worker has chronic pain with an injury sustained in 1998. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/14 does document that the opioids improve his pain and functional status. However, the the long-term efficacy of opioids for chronic back pain is unclear but appears limited and the records do not justify the long-term use and medical necessity of Percocet.

Oxycontin 40mg #60: 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 Opioids Page(s): 74-80.

Decision rationale: This 61 year old injured worker has chronic pain with an injury sustained in 1998. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/14 does document that the opioids improve his pain and functional status. However, the the long-term efficacy of opioids for chronic back pain is unclear but appears limited and the records do not justify the long-term use and medical necessity of Oxycontin.

Lidoderm 5% Patch 70mg: 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 Lidoderm and Topical Analgesics Page(s): 56-57 AND 112.

Decision rationale: Lidoderm is the brand name for a Lidocaine patch produced by [REDACTED]. Topical Lidocaine is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This injured worker has chronic back and extremity pain. He receives

multiple medications for this pain including opioid analgesics. Lidoderm is FDA approved only for post-herpetic neuralgia and he does not have this diagnosis. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker.

Zanaflex 4mg #60: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: Zanaflex or Tizanidine is a muscle relaxant used in the management of spasticity. This injured worker has chronic back pain and extremity pain with an injury sustained in 1998. His medical course has included various treatment modalities including surgery and long term use of medications including narcotics and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 1/14 fails to document any improvement in spasm on physical exam or improvement in pain, functional status or side effects to justify long-term use. The medical necessity for Zanaflex is not supported in the records.