

Case Number:	CM14-0040180		
Date Assigned:	07/07/2014	Date of Injury:	02/01/1999
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/04/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 male who reported an injury on 02/01/1999. The mechanism of injury was the injured worker was lifting heavy lumber. The injured worker was noted to undergo lumbar surgery. The documentation of 03/10/2014 revealed the injured worker was utilizing pain medications including OxyContin and oxycodone. The injured worker was noted to have severe neck pain along with pain in the mid back and lower lumbar spine. The diagnoses included sacroiliac joint dysfunction, status post L5-S1 fusion, status post C5-7 fusion, disc degeneration, adjacent segment degeneration of the cervical spine, and below a C5-7 fusion, L4-5 adjacent segment disc degeneration above L5-S1 fusion, lumbar and cervical radiculopathy. The treatment plan included the injured worker may undergo a random urine toxicology screen to verify medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen Tabs 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain. Muscle relaxants usage is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The duration of use could not be established through the supplied documentation. There was a lack of documentation indicating a PR-2 or DWC Form RFA with the requested medication. The request as submitted failed to indicate the frequency and quantity of tablets being requested. Given the above and the lack of documentation, the request for baclofen tablets 20 mg is not medically necessary.

Flector Patch (diclofenac epolamine patch) 1.3%: 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 Topical NSAIDS, Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The clinical documentation submitted for review did not establish the duration of use for the medication. The efficacy of the medication was not established. There was a lack of documentation of objective functional benefit received from the medication. The request as submitted failed to indicate the frequency and quantity of the requested medication. Given the above, the request for Flector patch (Diclofenac Epolamine patch) 1.3% is not medically necessary.

Lidoderm (Lidocaine Patch 5%) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California MTUS Guidelines indicate that topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first-line therapy. This is not a first-line treatment and is only FDA-approved for postherpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the efficacy for the requested medication. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm (lidocaine patch 5%) #30 is not medically necessary.

Oxycodone HCL 30mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain (Ongoing Management, Opioid Dosing) Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documented duration of use for the requested medication. Given the above, the request for oxycodone hydrochloride 30 mg #100 is not medically necessary.