MAXIMUS Federal Services

Case Number:	CM14-0040361		
Date Assigned:	06/27/2014	Date of Injury:	11/08/1985
Decision Date:	09/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/07/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of November 8, 1985. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; and earlier lumbar spine surgery. In a utilization review report dated March 14, 2014, the claims administrator approved a request for Cymbalta, Lyrica, Senna, Lunesta, Celebrex, and GlycoLax while denying Lidoderm, OxyContin, Norco, and MiraLax. The applicant and/or the applicant's attorney subsequently appealed. The applicant apparently wrote in a handwritten script asking why evidence of successful return to work was needed to justify continuation of opioid treatment. In a February 27, 2014 progress note, the applicant reported persistent complaints of pain. The applicant stated that her medications were improving. The applicant stated that Soma was diminishing her muscle spasms. The applicant was apparently consulting a bariatric session to consider gastric bypass surgery, it was noted. The applicant was given Cymbalta, GlycoLax, Senna, Lidoderm, Lyrica, Celebrex, Zegerid, MiraLax, Soma, Lunesta, Norco, OxyContin, Lasix, Levoxyl, Lopressor, Provigil, Zocor, and Wellbutrin, it was stated. The applicant had poor exercise tolerance, fatigue, poor energy, and gait derangement, it was noted in the review of the systems section of the report.The applicant was obese, with a BMI of 36, it was further noted, standing 5 feet 1 inch tall and weighing 191 pounds. The applicant was asked to continue current medications, stating that these were facilitating her ability to complete activities of daily living, light household chores, and care for her granddaughter. The applicant was using various laxatives for opioid-induced constipation, it was stated. The applicant was asked to continue OxyContin, Norco, Soma, Lyrica, Lunesta, Celebrex, Cymbalta, Zegerid, MiraLax, and Senna, it

was stated. The applicant had also received knee surgery on a nonindustrial basis, it was further noted. On March 27, 2014, the applicant stated that her pain with medications was 6/10 versus 8 to 10/10 without medications. The applicant stated on this occasion that she was able to work with the medications. Somewhat incongruously, the attending provider then reported at the tail end of the report that the applicant was not working with permanent limitations in place. The attending provider posited that ongoing usage of medications was facilitating the applicant's ability to do some light household chores such as cleaning and negotiating stairs. The applicant exhibited an antalgic gait requiring usage of a cane. The applicant reported issues including poor exercise tolerance, fatigue, poor sleep, and poor energy levels. Multiple medications were renewed. The applicant was asked to consult a bariatric surgeon to consider a gastric bypass.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, 336 count with five refills: 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 Topical Lidocaine section Page(s): 112.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and anticonvulsants, in this case, however, the applicant's ongoing usage of Cymbalta, an antidepressant adjuvant medication, and Lyrica, an anticonvulsant adjuvant medication, effectively obviate the need for the Lidoderm patches at issue. Therefore, the request for Lidoderm patch 5%, 336 count with five refills, is not medically necessary or appropriate.

Oxycontin 80 mg 252 count: Overturned

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 When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the Cardinal Criteria for Continuation opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while it does not appear that the applicant has return to work in this case, it does appear that the applicant is reporting appropriate reductions in pain scores with ongoing opioid usage. Her pain levels have dropped anywhere from 10/10 to 5-6/10 with ongoing opioid therapy, including ongoing OxyContin therapy, it was noted. The applicant's ability to perform household chores, cooking, cleaning, and caring for her granddaughter has apparently been ameliorated as a result of

ongoing opioid usage. Continuing the same, on balance, is indicated. Therefore, the request for Oxycontin 80 mg 252 count is medically necessary and appropriate.

Norco 10/325 mg 84 count: Overturned

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 When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the applicant has not returned to work, the applicant is reporting appropriate reduction in pain scores from 10/10 with opioid therapy to 5-6/10 without opioid therapy. The applicant and/or attending provider have posited that ongoing usage of opioids, including Norco, has facilitated her ability to remain active, care for her daughter, perform household chores, perform some cooking and cleaning, etc. Continuing the same, on balance, is therefore. Accordingly, the request for Norco 10/325 mg 84 count is medically necessary and appropriate.

Miralax powder, 17 grams: Overturned

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 Initiating Therapy section Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the prophylactic provision of laxative should be furnished in applicants receiving opioid therapy. In this case, the applicant is reporting actual symptoms of constipation with ongoing opioid usage. Provision of a laxative, MiraLax, to ameliorate the same, is indicated. Therefore, the request for Miralax powder, 17 grams, is medically necessary and appropriate.