

Case Number:	CM14-0048218		
Date Assigned:	07/07/2014	Date of Injury:	09/16/2003
Decision Date:	09/26/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/16/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 claimant is a 63 year old male injured worker with a date of injury 9/16/03 with related low back pain. Per the progress report dated 4/3/14, he reported continued, achy, low back and buttocks pain. He stated his pain was fairly well controlled with using 1-2 Percocet per day along with Lidoderm patches and muscle relaxers. The documentation submitted for review did not state whether physical therapy was utilized. He has been treated with surgery and medication management. The date of UR decision was 4/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 63y/o male injured worker with date of injury 9/16/03 with related low back pain. Per progress report dated 4/3/14, he reported continued, achy, low back and buttocks pain. He stated his pain was fairly well controlled with using 1-2 Percocet per day along with Lidoderm patches and muscle relaxers. The documentation submitted for review did not state whether physical therapy was utilized. He has been treated with surgery and medication management. Muscle Relaxants,
Page(s): 63-65.

Decision rationale: The MTUS Chronic Pain recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. With regard to Methocarbamol, the MTUS states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. The medical records submitted for review do not document an acute exacerbation of LBP. The Methocarbamol 750 mg #30 is not medically necessary.

Lidoderm Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states for Lidocaine Indication: Neuropathic pain is 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The Lidoderm Patch #30 is not medically necessary.

Percocet 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Ongoing Management of Opioids and When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids - Four domains have been proposed as most relevant for ongoing monitoring of chronic pain for patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 As (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for

documentation of the clinical use of these controlled drugs. Review of the available medical records reveals neither documentation to support the medical necessity of Percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As the MTUS recommends discontinuing opioids if there is no evidence supporting appropriate medication use, medical necessity cannot be affirmed. Therefore, Percocet 10/325 mg #60 is not medically necessary.