

Case Number:	CM14-0056402		
Date Assigned:	07/11/2014	Date of Injury:	12/21/1998
Decision Date:	09/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 reportedly associated with an industrial injury of December 21, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; adjuvant medications; topical agents; multiple interventional spine procedures; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 27, 2014, the claims administrator failed to approve a request for tramadol, Lidoderm, Percocet, Soma, and Relafen. The applicant's attorney subsequently appealed. In an appeal letter dated May 27, 2014, the attending provider posited that the applicant had reported reduction of 5 points in pain scores with ongoing medication usage. The applicant's medication list reportedly included Effexor, Fosamax, Percocet, Cipro, sulfasalazine, tramadol, Desyrel, Flexeril, lidocaine, Humira, Soma, Ambien, and Zestril, it was stated. The attending provider posited that the applicant was benefiting from the medications in question and should therefore continue on the same. In an earlier note of December 17, 2013, the applicant presented with persistent complaints of low back pain, mild in severity. The applicant reported aggravation of pain with negotiating stairs, jumping, pushing, pulling, standing, twisting, and walking. In another section of the report, it was stated that the applicant reported 3/10 pain with medications and 6/10 pain without medications. The attending provider's progress note comprised, in large part, various guidelines. The applicant's work status was not clearly stated. On December 31, 2013, the applicant again presented with multifocal pain complaints. On this occasion, the attending provider stated that the applicant had discontinued Soma and was using Flexeril only on a p.r.n. basis. Once again, the applicant's work status was not detailed. On March 11, 2014, the applicant was described as having persistent complaints of low back pain, again aggravated by negotiating stairs, jumping, lifting, standing, and walking. The applicant's BMI was 34, it

was stated. The applicant was on tramadol, Percocet, lidocaine, Relafen, Soma, Prilosec, Humira, Desyrel, Ambien, Fosamax, Prozac, and Zestril, it was stated. The attending provider stated that the applicant's pain scores were 9/10 without medications versus 7/10 pain with medications. The applicant stated that she would stay at bed or in home all day without the medications and still struggle to fulfill daily responsibilities at home with the medications. The applicant was not able to work or volunteer with or without the medications, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 tablet QD-BID as needed for #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Opioids, Ongoing Management topic Page(s): 80, 78.

Decision rationale: As noted on page 80 of the MTUS 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. In this case, however, the attending provider, at best, has reported a drop in pain scores from 9/10 to 7/10 on one occasion and 6/10 to 3/10 on another occasion with ongoing medication usage, including ongoing tramadol usage. The applicant has, however, failed to return to any form of work. The applicant is not volunteering. The attending provider has also acknowledged that the applicant's ability to perform even basic activities of daily living, including sitting, standing, lifting, bending, negotiating stairs, etc., is impaired, despite ongoing medication usage, including ongoing tramadol usage. Furthermore, page 78 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that the lowest possible dose of opioids be employed to improve pain and function. In this case, the attending provider has not proffered any rationale for usage of two separate short-acting opioids, namely tramadol and Percocet. Therefore, the request is not medically necessary.

Lidoderm 5% (700mg) apply 1-2 patches up to 12 hr per day qty 60 refills 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 7, 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm or lidocaine 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/or anticonvulsants, this recommendation is qualified by

commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The applicant has permanent work restrictions which remain in place, seemingly unchanged, from visit to visit, effectively resulting in the applicant's removal from the workplace. Ongoing usage of Lidoderm patches has failed to diminish the applicant's consumption of numerous opioid agents, including oxycodone and Percocet. Similarly, ongoing usage of Lidoderm patches has failed to diminish the applicant's reliance on various interventional spine procedures. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm patches. Therefore, the request is not medically necessary.

Oxycodone-acetaminophen 7.5mg-325mg 1/2-1 tab QD-BID qty 15 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the criteria established for continuation of opioid therapy include evidence of appropriate analgesia, improved function, and successful return to work. The applicant, in this case, is off of work. The applicant is having difficulty performing even basic activities of daily living such as sitting, standing, walking, negotiating stairs, etc. All of the above, taken together, do not make a compelling case for continuation of Percocet usage. Therefore, the request is not medically necessary.

Soma 35mg 1-2 tablets qhs prn spasms qty 60 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29,63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is using a variety of other opioid agents and has seemingly been using Soma for what amounts to several months to several years, without any evidence of functional improvement. Continuing the same, on balance, is not indicated. Therefore, the request is not medically necessary.

Naburnetone 500nmg 1 PO BID Qty: 80 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Page(s): 7, 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as nabumetone do represent a traditional first-line treatment for various chronic pain conditions, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the fact that the applicant remains off of work, and remains highly dependent on other forms of medical treatment, including opioid therapy and interventional spine procedures, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of nabumetone. Therefore, the request is not medically necessary.