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| Case Number: | CM14-0060919 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 03/12/2001 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 55 year old female with complaints of low back pain and left leg pain. The date of injury is 3/12/01 and the mechanism of injury is lifting injury (with heavy merchandise). At the time of request for the following: 1. Lidoderm patch#90 2. MSContin 60mg#210 3. Oxycodone 10mg#60 4. Etodolac 400mg 5. Flexeril 10mg#90 6. Prilosec 40mg#30, there is subjective (low back pain, left lower extremity pain) and objective (severe tenderness over the left sacroiliac joint, pain/edema anterior lateral knee, left foot drop/motor weakness) findings, imaging findings (MRI lumbar spine dated 2/17/09 shows prior anterior and posterior fusion L5-S1, moderate to severe neural foraminal stenosis left L5/S1 with epidural scarring surrounding the exiting left L5 and S1 spinal roots), diagnoses (Back disorder, Lumbosacral neuritis, Postlaminectomy syndrome of lumbar spine), and treatment to date (surgery, epidural steroids, medications, physical therapy, spinal cord stimulator trial). Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an anti-epileptic drug (AED). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Muscle relaxants are recommended for episodes of acute low back pain and spasm for limited duration up to 2 weeks with the highest efficacy occurring in the first 4 days. The addition of a proton-pump inhibitor

(PPI) in the setting of long term non-steroidal anti-inflammatory drug (NSAID) use may be indicated if gastrointestinal symptoms are present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #90: 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 Lidoderm(lidocaine patch Page(s): 56-57.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED. As there is documentation of a failed trial with antiepileptics and functional improvement on lidoderm, it is my opinion that this medication is medically necessary.

MS Contin 60mg #210: 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 opioids Page(s): 74.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply this information, it is my opinion that the request for MSContin 60mg #210 is medically necessary.

Oxycodone 10mg #60: 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 Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply this information, it is my opinion that the request for oxycodone 10mg #60 is medically necessary.

Etodolac 400mg: 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 NSAIDs Page(s): 67-73.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. As there is documentation of improvement in function and analgesic effects, it is my opinion that this medication is medically necessary

Flexeril 10mg #90: 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): 63-64. Decision based on Non-MTUS Citation Pain(Chronic), Cyclobenzaprine

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG Evidence Based Decision Guidelines, muscle relaxants are recommended for episodes of acute low back pain and spasm for limited duration up to 2 weeks with the highest efficacy occurring in the first 4 days. As the documentation does not address duration and more specific indication of use of cyclobenzaprine as outlined by the requesting physician, it is my opinion that this medication is not medically necessary.

Prilosec 40mg #30: 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 NSAIDs Page(s): 67-73.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, the addition of a PPI in the setting of long term NSAID use may be indicated if gastrointestinal symptoms are present. In this case, there is documentation to support the continued use of NSAID as well as the presence of gastrointestinal symptoms. Therefore, the request for prilosec 40mg #30 is medically necessary.