

Case Number:	CM14-0079056		
Date Assigned:	07/18/2014	Date of Injury:	04/24/1998
Decision Date:	09/23/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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 Texas. 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 52 year old male injured on 04/24/1998 due to an undisclosed mechanism of injury. Diagnoses include chronic back pain, lumbar disc disease, and radicular symptoms in the left leg. Clinical note dated 08/01/14 indicates the injured worker has utilized medications for greater than 15 years for multiple pain generators including sacroiliac joints, lumbar discs, nerve root irritation, radicular symptoms in the left leg to provide a moderate amount of pain relief which provides good quality of life and ability to continue working as a truck driver. The injured worker has utilized sacroiliac joint injections and left lumbar nerve blocks which helped tremendously and enabled him to continue working. The injured worker reported increased back pain radiating to the left leg rated at 8/10. The injured worker reported prior bilateral sacroiliac joint injections provided approximately 100% relief of back pain and transforaminal nerve block provided greater than 50% relief of leg pain and enabled performance of activities of daily living such as walking, sitting and housework. Physical examination revealed tenderness in the left low back and bilateral sacroiliac joints, positive straight leg raising on the left, and reduced reflexes at the left ankle. Medications included OxyContin 20 mg 1-2 tablets tid, Celebrex 100 mg bid, and Lidoderm patch one daily. Letter of medical necessity indicated Lidoderm patch allows the injured worker to continue to perform duties as a full time truck driver without drowsiness or altered mentation with significant decrease in pain from radicular symptoms. The initial request for OxyContin 20 mg #150 and Lidocaine patch/Lidoderm 5% #30 was non-certified on 05/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 20 mg # 150: 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 Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The documentation indicates the injured worker utilizes the medication three times daily for pain management while maintaining a full-time job as a truck driver. The use of opioid medications is contraindicated to driving. As such, OxyContin 20 mg # 150 cannot be recommended as medically necessary at this time.

Celebrex 100 mg # 60: 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 Celebrex Page(s): 30.

Decision rationale: As noted on page 30 of the Chronic Pain Medical Treatment Guidelines, Celebrex is the brand name for Celecoxib, and it is produced by Pfizer. Celecoxib is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Celebrex 100mg #60 cannot be established as medically necessary.

Lidocaine Patch/Lidoderm 5% # 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 9792.20, Lidoderm (Lidocaine patch) Page(s): 56.

Decision rationale: Letter of medical necessity indicated Lidoderm patch allows the injured worker to continue to perform duties as a full time truck driver without drowsiness or altered mentation with significant decrease in pain from radicular symptoms. Therefore Lidocaine Patch /Lidoderm 5% # 30 are recommended as medically necessary as in place of opioid medications.