

Case Number:	CM14-0080177		
Date Assigned:	07/18/2014	Date of Injury:	04/24/2007
Decision Date:	09/08/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/30/2014

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 Pain Management, 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:

According to the records made available for review, this is a 62 year-old male with a 04/24/2007 date of injury. At the time of the Decision for Xartemis XR 7.5/325mg #30 and Pennsaid 2% #1 bottle, there is documentation of subjective low back pain and numbness radiating to bilateral knees, ankles and dorsum of feet. Objective of tenderness over the thoracic and lumbar spines, paravertebral muscle spasms, decreased range of motion in the lumbar spine, and increased weakness and decreased sensation to light touch in the L5 dermatome bilaterally, and L5 and S1 dermatoms on the right. Current diagnoses include facet syndrome L4-5, L5-S1 with significant facet pain to palpation and pain with extension, L4-5 discogenic pain and disc degeneration as a result of the industrial injury, foraminal stenosis at L3-4, L4-5, L5-S1, bilateral knee pain, mid-back and neck pain. Treatment to date includes physical therapy and medications including Vicodin, Lyrica, NSAIDs, and Omeprazole. There is ongoing opioid treatment assessment. Regarding Pennsaid 2% #1 bottle, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment ankle, elbow, foot, hand, knee, and wrist and short-term use (4-12 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Xartemis XR 7.5/325mg quantity #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Xartemis XR (oxycodone & acetaminophen).

Decision rationale: The MTUS guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed, the lowest possible dose is being prescribed, and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The ODG identifies that Xartemis XR is not recommended as a first-line choice. Within the medical information available for review, there is documentation of diagnoses of facet syndrome L4-5, L5-S1 with significant facet pain to palpation and pain with extension, L4-5 discogenic pain and disc degeneration as a result of the industrial injury, foraminal stenosis at L3-4, L4-5, L5-S1, bilateral knee pain, mid-back and neck pain. In addition, given documentation of ongoing treatment with Vicodin, there is documentation that Xartemis XR is not a first-line choice. Furthermore, given documentation of ongoing opioid treatment assessment, there is documentation that the prescriptions are from a single practitioner and are taken as directed, the lowest possible dose is being prescribed, and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Xartemis XR 7.5/325mg quantity #30 is medically necessary.

Pennsaid 2% #1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical analgesics.

Decision rationale: The MTUS guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. The ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of facet syndrome L4-5, L5-S1 with significant facet pain to palpation and pain with extension; L4-5 discogenic pain and disc degeneration as a result of the industrial injury; foraminal stenosis at L3-4, L4-5, L5-S1; bilateral knee pain; mid-back and neck pain. In addition, medical reports identify ongoing treatment with NSAIDs. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for Pennsaid 2% #1 bottle is not medically necessary.

