

Case Number:	CM14-0081770		
Date Assigned:	07/18/2014	Date of Injury:	02/01/1999
Decision Date:	08/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old male who reported an injury on 02/01/1999 who reportedly sustained an injury while lifting heavy lumber. The injured worker was noted to undergo lumbar surgery. The injured worker's treatment history included MRI, surgery, medications, and injections. The injured worker was evaluated on 03/10/2014. It was documented the injured worker has severe neck pain along with pain in the mid-back and lower spine. The provider noted the injured worker as utilizing pain medication including Oxycontin and oxycodone. The injured worker rated his severe neck pain at 9/10 on the Visual Analog Scale, mid back pain across the shoulder blades rated 8/10, and lower lumbar spine pain was rated 9/10. There was lack of documentation of the injured worker's pain relief while on medications. Diagnoses included sacroiliac joint dysfunction, status post L5-S1 fusion, status post C5-7 fusion, disc degeneration of L5-S1 fusion, lumbar and cervical radiculopathy. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg tab #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documented duration of use for the requested medication. Given the above, the request for oxycodone 30 mg #100 is not medically necessary.

Lidoderm 5 percent patch #30: 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 Lidoderm Page(s): 56-57.

Decision rationale: The California MTUS Guidelines indicate that topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first-line therapy. This is not a first-line treatment and is only FDA-approved for postherpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the efficacy for the requested medication. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm 5% #30 is not medically necessary.

Flector 1.3 percent patch #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 Topical NSAIDS, Topical analgesics Page(s): 111.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two-week period. The clinical documentation submitted for review did not establish the duration of use for the medication. The efficacy of the medication was not

established. There was a lack of documentation of objective functional benefit received from the medication. The request as submitted failed to indicate the frequency and duration of the requested medication. Given the above, the request for Flector patch 1.3% is not medically necessary.

Imitrex 100mg tab #18: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: According to the Official Disability Guidelines (ODG) Triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class rizatriptan (Maxalt) has demonstrated, in a head-to-head study, higher response rates and a more rapid onset of action than sumatriptan, together with a favorable tolerability profile. Meta-analyses of double-blind placebo-controlled studies have confirmed the superior efficacy of rizatriptan. The documents submitted on 03/10/2014 failed to indicate the injured worker suffering from migraines. In addition the request failed to indicate frequency and duration of medication. Given the above, the request for Imitrex 100 mg tab # 18 is not medically necessary.