

Case Number:	CM14-0082103		
Date Assigned:	07/21/2014	Date of Injury:	01/23/2008
Decision Date:	09/22/2014	UR Denial Date:	06/02/2014
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 & Rehabilitation, has a subspecialty 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:

This is a patient with a date of injury of January 23, 2008. A utilization review determination dated June 2, 2014 recommends modified certification of Percocet, and noncertification of Lidoderm, Lorzone, and Flector. An appeal letter dated June 5, 2014 states that with regard to Lidoderm patches, other factors must be taken into consideration before completely denying this highly advantageous medication. The note goes on to state "the patient only takes oral pain medication on an as needed basis only because it is her desire to continuously use Lidoderm patches for pain management. Although the patient has not yet tried anticonvulsant or antidepressant medication, forgoing its use and replacing it with the administration of Lidoderm patches that possess minimal undesirable side effect is therefore commendable. Bear in mind that she experiences intense morning stiffness without its use." The physician then goes on to cite a study which supports the use of Lidoderm in the treatment of postherpetic neuralgia. With regards to Lorzone, the medication was prescribed in conjunction with rest and physical therapy to treat skeletal muscle conditions. The requesting physician then goes on to cite Medical Treatment Utilization Schedule stating "muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility." The physician then goes on to indicate that the muscle relaxant was beneficial in allowing the patient to perform therapeutic exercises and activities of daily living. With regards to the Flector patch, an article supporting the use of topical NSAIDs has been cited. The reviewing physician then goes on to quote ODG stating "topical analgesics are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate." With regard to the Percocet, the requesting physician has indicated that Percocet allows the patient to perform activities of daily living with less difficulty. The note goes on to state that Norco is discontinued since Percocet was more effective. The note goes on to indicate that Percocet was significantly beneficial in adequately

relieving the patient's symptomatology. The note goes on to state that there have been no undesirable side effects or aberrant behavior with the use of this medication. The note indicates that with the current regimen, the patient is able to work full-time. Diagnoses include sacroiliitis, sacroiliac pain, lumbar facet syndrome, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 56-57, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain. Additionally, the requesting physician has acknowledged that the patient has not failed first-line agents in the treatment of neuropathic pain, as recommended by guidelines. He has included a study supporting the use of lighter term in the treatment of post herpetic neuralgia. Unfortunately, he has not included a study supporting the use of Lidoderm in the treatment of axial low back pain as a 1st line agent. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.

Percocet 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is now documentation that the Percocet is improving the patient's function and pain, no side effects, and no aberrant use. As such, the currently requested Percocet is medically necessary.

Lorzone 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Lorzone, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, the requesting physician has taken an isolated statement out of the Medical Treatment Utilization Schedule stating the muscle relaxants may be effective in reducing pain and muscle tension. Unfortunately, he has not addressed the issues present in those guidelines regarding recommendations against the long-term use of muscle relaxant pain medication. Additionally, he has not included any peer-reviewed medical literature supporting the ongoing long-term use of muscle relaxants pain medication, to refute the guidelines recommendations. Additionally, there is no documentation of an acute flare-up or acute exacerbation of pain for which the short-term use of a muscle relaxant medication may be indicated. In the absence of such documentation, the currently requested Lorzone is not medically necessary.

Flector 1.3% patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG), Pain Chapter, Flector[®] patch (diclofenac epolamine).

Decision rationale: Regarding the request for Flector Patches 1/3%, two (2) boxes, apply as directed, Occupational Medicine Practice Guidelines do not address Flector specifically, but do contain criteria for topical NSAIDs. ODG states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. It is acknowledged that the requesting physician has cited ODG guidelines stating the topical analgesics may be locally applied to painful areas with a lack of systemic side effects, absence of drug interactions, and no need to titrate. Unfortunately, he has not addressed Chronic Pain Medical Treatment Guidelines recommending NSAIDs only for short-term use and stating that topical NSAIDs can result in "blood concentrations and systemic effects comparable to those from oral forms." Additionally, guidelines state that there is no support for the use of topical NSAIDs in the treatment of spinal conditions. No peer-reviewed medical literature has been provided supporting the long-term use of topical NSAIDs in the treatment of spinal conditions. As such, the currently requested Flector Patches 1/3%, two (2) boxes, apply as directed is not medically necessary.