

Case Number:	CM14-0082520		
Date Assigned:	07/21/2014	Date of Injury:	01/19/2012
Decision Date:	10/02/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 female patient with the date of injury of January 19, 2012. A Utilization Review was performed on May 28, 2014 and recommended not medically necessary of Lidoderm DOS 4/23/14, Percocet DOS 4/23/14, Neurontin DOS 4/23/14, and partial certification of Vesicare 5mg x 1 month supply DOS 4/23/14. A Progress Report dated May 8, 2014 identifies Subjective Complaints of symptoms remain about the same. Objective findings identify she is able to sit briefly but lies down throughout the visit. Impression identifies L2 Asia D spinal cord injury, status-post L2 burst fracture on 1/19/2012, status post T12-L4 fusion on 1/23/2012, neurogenic bowel, neurogenic bladder, chronic right S1 radiculopathy, and right ischial gluteal bursitis. Discussion identifies continue with Neurontin, Lidoderm patches, Vesicare, and very occasional use of Percocet. Due to her neurogenic bladder, she requires catheters for occasional use, especially before long trips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm: Upheld

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

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 failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.

Percocet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use for a Therapeutic Trial of Opioids.

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

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 no indication that the Percocet is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Percocet is not medically necessary.

VESIcare: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/vesicare.html>

Decision rationale: Regarding the request for VESIcare, California MTUS and Official Disability Guidelines Do not address the issue. The FDA states VESIcare is a muscarinic antagonist indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and urinary frequency. Within the information made available for review, there is documentation of neurogenic bladder. However, there is no identification of symptoms of urge urinary incontinence, urgency, and urinary frequency. Additionally, there is no statement indicating how this medication has improved the patient's complaints or function. It may be reasonable to provide a 1-2 month supply of medication to allow the requesting provider time to

document the above issues. But, unfortunately, this is an open-ended request and there is no provision for modification. In the absence of such information, the currently requested VESIcare is not medically necessary.

Neurontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Neurontin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Neurontin is not medically necessary.