

Case Number:	CM14-0084414		
Date Assigned:	07/21/2014	Date of Injury:	07/31/2009
Decision Date:	08/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 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:

The injured worker is a 58-year-old male who reported injury on 07/31/2009. The mechanism of injury was not provided. The injured worker underwent a fusion of the L1-2 in 03/2013. The injured worker underwent a fusion of L2-3 in 2011, and an arthroscopy of the left shoulder in 2011. The documentation indicated the injured worker was utilizing Lidoderm as of 11/2013. The documentation of 04/22/2014 revealed the injured worker's pain medication only helped a little, and without the opioids, the injured worker could not perform activities of daily living. The Voltaren gel, lidocaine patches, Celebrex, and Nexium were helpful per the injured worker. The current complaints included low back pain, neck pain, left shoulder pain, and left wrist and forearm pain, right shoulder pain, insomnia and secondary depression, and gastroesophageal reflux symptomatology due to opioids. The mechanism of injury was noted to be a motor vehicle accident. The treatment plan included OxyContin and oxycodone IR due to chronic low back pain; Celebrex 200 mg, 1 daily; Voltaren gel 2-4 grams 4 times a day; and Lidoderm patches, 1 to 2 patches every 24 hours. The documentation indicated the injured worker had been utilizing Celebrex, OxyContin, and oxy IR since 11/2013, as well as Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76 through 80.

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 as a treatment for chronic pain. There should be documentation of an objective improvement in function and an objective decrease in pain. There should be documentation of evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 11/2013. There was a lack of documentation of the above criteria. Additionally, as the frequency was not provided per the submitted request, there could be no establishment of the injured worker having dosage that was less than 120 mg of oral morphine equivalents per day. The request as submitted failed to indicate the strength and frequency, as well as quantity of OxyContin being requested. Given the above, the request for OxyContin is not medically necessary.

Oxycodone IR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76 through 80.

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 as a treatment for chronic pain. There should be documentation of an objective improvement in function and an objective decrease in pain. There should be documentation of evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 11/2013. There was a lack of documentation of the above criteria. Additionally, as the frequency was not provided per the submitted request, there could be no establishment of the injured worker having dosage that was less than 120 mg of oral morphine equivalents per day. The request as submitted failed to indicate the strength and frequency, as well as quantity of oxycodone IR being requested. Given the above, the request for oxycodone IR is not medically necessary.

Celebrex 200 mg QD with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67 and 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 11/2013. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Celebrex 200 mg daily with 3 refills is not medically necessary.

Voltaren gel 2-4 gms QID 100 gm tube #5 tubes per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 111.

Decision rationale: The California MTUS Guidelines indicate that Voltaren gel is an FDA-approved agent indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment such as the ankle, foot, elbow, hand, knee, and wrist. It has not been evaluated for the treatment of the spine, hip, or shoulder. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 11/2013. There was a lack of documentation of the efficacy for the requested medication. Additionally, the request as submitted failed to indicate the body part to be treated. There was a lack of documentation of objective functional benefit that was received. Given the above, the request for Voltaren gel 2 to 4 grams 4 times a day, 100 gram tubes, #5 tubes per month, is not medically necessary.

Lidoderm patch 5% 1-2 patches q24h: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California MTUS Guidelines indicate that Lidoderm patches are recommended for the treatment of neuropathic pain and localized peripheral pain after there has been evidence of a trial and failure of first-line therapy including tricyclics or SNRI antidepressants or antiepileptic medications. However, they are not a first-line treatment and are only FDA-approved for postherpetic neuralgia. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 11/2013. There was a lack of documentation of objective functional benefit and a decrease in pain. Given the above, the request for Lidoderm patch 5%, 1 to 2 patches every 24 hours, is not medically necessary.