

Case Number:	CM14-0086430		
Date Assigned:	07/23/2014	Date of Injury:	03/28/2012
Decision Date:	11/10/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/10/2014

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 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 3/28/12. A utilization review determination dated 6/5/14 recommends non-certification of meloxicam, while Lidoderm, Norco, and Percocet were modified. A 5/6/14 medical report identifies right lower extremity sciatica complaints markedly improved postsurgically, but continued complaints in the low back and left buttock into the posterior left lower extremity 6/10. Sleep and mood are poor and he continued on narcotics daily. On exam, the morbidly obese patient was poorly ambulating with a cane. 6/4/14 medical report identifies low back pain with weakness and numbness in the LLE, stiffness, and spasms. Patient reports 40% decrease in pain with medications and no side effects. He is trying to transition from Percocet to Norco. On exam, antalgic gait is noted. The provider notes that the patient demonstrates increased activity and functionality on opiate therapy, but no examples are given. "There have been no issues of misuse or diversion of the medication. The side effects are minimal and controllable."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30 with 3 refills: Upheld

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

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

Decision rationale: Regarding request for 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 of localized peripheral neuropath pain and failure of first-line therapy as outlined above. In the absence of such documentation, the currently requested Lidoderm Patch 5% #30 with 3 refills is not medically necessary and appropriate.

Meloxicam 7.5mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for meloxicam, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific objective functional improvement. Furthermore, the request for #30 with 5 refills is not conducive to routine reevaluation for efficacy and continued need for the medication and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Meloxicam 7.5mg #30 with 5 refills is not medically necessary and appropriate.

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it 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 medication is improving the patient's function (in terms of specific examples of functional improvement) and clear documentation regarding screening for appropriate medication use and aberrant behaviors. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow

tapering. In light of the above issues, the currently requested Norco 10/325mg #30 is not medically necessary and appropriate.

Percocet 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines note that it 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 medication is improving the patient's function (in terms of specific examples of functional improvement) and clear documentation regarding screening for appropriate medication use and aberrant behaviors. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet 10/325mg #150 is not medically necessary and appropriate.