

<b>Case Number:</b>	CM14-0096705		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/29/2007
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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:

The injured worker is a 38-year-old male who reported injury on 03/29/2007. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post micro lumbar decompression, postop pain, lumbar radiculopathy, facet arthropathy of the lumbar spine, chronic pain syndrome, and myofascial pain syndrome. Past medical treatment consists of surgery, physical therapy, the use of a TENS unit, chiropractic therapy, and medication therapy. Medications include OxyContin, oxycodone, and Terocin patches. On 02/18/2014, the injured worker underwent a drug screen, which showed that he was in compliance with his medication therapy. On 04/30/2014, the injured worker complained of low back pain. Physical examination revealed that the injured worker had decreased range of motion in all planes of the lumbar spine. He had decreased sensation in the right S1 dermatome. Motor examination revealed EHL was - 5/5 bilaterally. The rest of the lower extremity motor examination was 5/5 bilaterally, hyper-reflexic bilateral patellar and Achilles reflexes. Straight leg raise was positive bilaterally. The injured worker also had a positive Lasgue maneuver on the right. The medical treatment plan is for the injured worker to continue the use of TENS unit and medication therapy. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 92..

**Decision rationale:** The request for OxyContin 30 mg is not medically necessary. The California MTUS Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include pain levels before, during, and after medication administration. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The submitted documentation did not indicate the efficacy of the medication. Additionally, there was no indication that the OxyContin was helping with any functional deficits the injured worker might have had. There was also no assessment showing what pain levels were before, during, and after medication administration. A UA was submitted on 02/18/2014 showing that the injured worker was in compliance with medications. However, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

**Oxycodone 15mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 78.

**Decision rationale:** The decision to the request for oxycodone 15 mg is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines also recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. An assessment of pain should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The submitted documentation did not indicate the efficacy of the medication. Additionally, there was no indication that the medication was helping with any functional deficits. Urinalysis was submitted on 02/18/2014, showing that the injured worker was in compliance with medication. However, there was no assessment showing what pain levels were before, during, and after medication administration. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. As such, the request is not medically necessary.

**Terocin Patch Relief #10 (2 boxes):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Terocin) Page(s): 112.

**Decision rationale:** The request for Terocin patch is not medically necessary. The California MTUS Guidelines state that lidocaine is a transdermal application that is recommended for neuropathic pain, and recommended for localized peripheral pain after there has been evidence of trial of first line therapy, such as tricyclic or SNRI, antidepressants, or an AED such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Nondermal patch formulations are generally indicated as local anesthetics and antipruritic. In 02/2007, the FDA notified consumers and health professionals of the potential hazards of the use of topical lidocaine. There is a particular risk for individuals that applied large amounts of this substance over large areas, left the product on for a long period of time, or used the agent with occlusive dressings. Only FDA approved products are currently recommended. The guidelines state that lidocaine is recommended for localized peripheral pain. However, there was no evidence submitted in the documentation that the injured worker had such pain. Additionally, the efficacy of the medication was not submitted for review. There was also no evidence of what pain levels were before, during, and after the medication. The efficacy of the medication was not provided to support continuation, and the request submitted did not include a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.