

Case Number:	CM14-0162125		
Date Assigned:	12/02/2014	Date of Injury:	02/02/2011
Decision Date:	01/14/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/02/2014

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 Interventional Spine 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 patient is a 55 year old male with an injury date of 02/02/11. Based on the 08/25/14 progress report, the patient complains of low back pain. No positive exam findings were provided. The patient is currently working full time and his diagnoses include the following: 1. Cervical sprain/strain 2. Thoracic spine sprain/strain 3. Lumbar sprain/strain 4. Lumbar vertebra HNP L4/5 left side. The utilization review determination being challenged is dated 09/04/14. Treatment reports were provided from 02/19/14, 03/31/14, and 08/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 5% #60, refill as needed for 1 year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding topical creams, Topical Analgesics. MTUS has the following regarding lidoderm patches. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches

Decision rationale: According to the 08/25/14 report, the patient presents with low back pain. The request is for Lidocaine Patch 5% #60, refill as needed for 1 year. The patient has been using Lidocaine patches as early as 02/19/14. The 08/25/14 report states that "Lidoderm patches are used and effective to the specific level of pain when exacerbated." California MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Recommended for localized peripheral pain." When reading Official Disability Guidelines (ODG) it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function." In this case, there is no specific neuropathic pain or peripheral localized neuropathic pain documented that would warrant the use of lidoderm patches. Treatment is not medically necessary and appropriate.

Celebrex 200mg #60, refill as needed up to 1 year [1 tablet twice daily]: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60,61, 22.

Decision rationale: According to the 08/25/14 report, the patient presents with low back pain. The request is for Celebrex 200 Mg #60 refills as needed up to 1 year (1 tablet twice daily). The patient has been taking Celebrex as early as 02/19/14. The 08/25/14 report states that the patient is to "remain at work full duty... He has been using Nucynta ER 200 mg and Celebrex which helps him to continue his duties as a law enforcement officer." California MTUS Guidelines support use of NSAIDs for chronic pain per page 22. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication used. In this case, the patient has been able to work full time with this medication. Treatment is medically necessary and appropriate.

Nucynta ER 200mg #60, refill as needed up to 1 year [1 tablet 12/24 hrs.]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG , <http://www.odg-twc.com/odgtwc/pain.htm#Tapentadol>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 88,89, 76-78.

Decision rationale: According to the 08/25/14 report, the patient presents with low back pain. The request is for Nucynta Er200 Mg #60 Refill as needed up To 1 Year (1 Tablet 12/24 Hrs). The patient has been taking Nucynta as early as 02/19/14. The 08/25/14 report states that the patient is to "remain at work full duty... He has been using Nucynta ER 200 mg and Celebrex which helps him to continue his duties as a law enforcement officer. The patient gets no side

effects from those medications." Based on the California Medical Treatment Utilization Schedule (MTUS) guidelines, "The pain should be assessed at each visit and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS, page 78, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, while the patient works full time, there discussions on neither aberrant behavior nor are there any pain scales given. No urine toxicology is provided as well as other chronic opiate management issues such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. Providing general statements are inadequate documentation when managing chronic opiates. Treatment is not medically necessary and appropriate.