MAXIMUS Federal Services

Case Number:	CM14-0189900		
Date Assigned:	11/21/2014	Date of Injury:	06/01/1998
Decision Date:	01/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/14/2014

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 52 year-old female with an original date of injury on 6/1/1998. The mechanism of injury is cumulative trauma from prolong periods of driving. The patient has undergone left lumbar transformaminal epidural steroid injection on 1/31/2014, 5/2/2014, and 6/6/2014 with good symptomatic relief. An MRI of the lumbar spine dated on 10/16/2013 revealed grade I anterolisthesis of L4 over L5, broad based disc herniation exerting pressure on the thecal sac at the L4-5, disc bulging with a superimposed left foraminal disc herniation contacting the exiting left L3 nerve root, disc encroached on right neural foramen, mild canal stenosis, disc bulging of L1-2, L2-3, and L5-S1, mild active endplate changes noted at the inferior endplate of L1, and disc herniation exerting pressure on the thecal sac at the T11-T12, and T12-L1 levels. The patient was taking methadone 10mg and oxycodone 15mg 2-3 times daily for pain relief. The disputed issues are the request for refill for Oxycodone 15mg for 90 tablets, Methadone 10mg for 120 tablets, and Lidoderm patches. A utilization review dated 10/24/2014 has non-certified these requests. The stated rationale for denial for oxycodone was despite documentation of pain relief with this medication, the documentation fail to address all 4 A's for ongoing monitoring of opioid medication including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. In the absence of such documentation, the request is not supported. In regards to Methadone, again, the documentation failed to provide the evidence of an objective increase in function or decrease in pain, adverse effects or aberrant drug taking behaviors, Therefore, this request is not medically necessary. In regards to Lidoderm patchy 5%, the utilization review sited guidelines only recommend this medication for neuropathic pain and off label use with diabetic neuropathy. Even though, the documentation indicate Lidoderm is effective in managing her pain, there are not mention of functional benefit or decrease in pain scale, therefore, this request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg, one by mouth every 4 to 6 hrs: 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): 75-80.

Decision rationale: A progress note dating on 4/8/2014 noted patient with reduction of pain scale from 8 out of 10 to 4 out of 10, when taking oxycodone in combination with methadone. However, no documentation regarding side effects, and no discussion regarding aberrant use was found. Within the provided urine drug screen tests, urine opioid levels for oxycodone were negative and the reason for such result is not provided. Therefore, it is unclear whether this patient is taking this medication as prescribed. As such, there is no clear indication for ongoing use of the medication. 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 oxycodone (Roxicodone) is not medically necessary.

Lidoderm patches 12 hours on and 12 hours off: 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 lidocaine, 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. The patient has tried Cymbalta with good symptomatic relief, even though there were complaints of fogginess while being on Cymbalta both at 30mg and 60mg. Within the documentation available for review, there is no indication that the patient has reduction of pain scale or functional gain from being on Lidocaine patch. The patient complains of lumbar radicular pain, which is not considered to be localized peripheral pain. As such, the currently requested Lidoderm patch is not medically necessary.