

Case Number:	CM14-0197262		
Date Assigned:	12/05/2014	Date of Injury:	01/16/2003
Decision Date:	01/29/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 man who sustained a work-related injury on January 16, 2003. Subsequently, he developed chronic knees and back pain. According to a medical report dated November 6, 2014, the patient complained of knees pain. He was experiencing aching, stiffness, stinging, tenderness, and throbbing pain. The patient rated his pain at 6-7/10. Pain was described as burning, localized, radiating, sharp, and shooting. The patient was also experiencing back stiffness and radicular pain in right and left legs. Severity of condition was 8/10. Back pain was described as aching, sharp, nagging, and tense. The patient was experiencing hip pain with aching, tenderness, throbbing, small lump, tingling, and numbness. Severity of condition was a 6/10. Condition was acute, constant, sharp, shooting, and uncomfortable. The patient complained of migraine headaches as well that he rated at 9/10. The patient was diagnosed with bilateral knee pain, bilateral hip pain, low back pain, pain in the thoracic spine, right upper extremity pain, cervical spine pain with cervicogenic headaches, and psoriasis. The provider requested authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 with 3 refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a Lidocaine patch produced by [REDACTED]. 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 anti-epilepsy drug such as Gabapentin. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.

Fortesta 2% gel # 60gm with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Endocrinology society clinical practice guidelines, American Association of Clinical Endocrinologists

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: "A new testosterone gel (fortesta) for hypogonadism." Med Lett Drugs Ther 53(1362): 29-30. (2001).

Decision rationale: The FDA has approved Fortesta [REDACTED], a topical gel, for testosterone replacement therapy in adult males with hypogonadism. It is classified as a Schedule III controlled substance. Table 1 lists some available testosterone products, including 2 other gels. Fortesta contains testosterone. There is no evidence that the patient developed testosterone deficit. Therefore, the request is not medically necessary.

Oxycodone 15mg/ml #240: 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): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain. It can be used in acute post operative pain. It is not recommended for chronic pain of long term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after

taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation that the patient have pain breakthrough. There is no documentation of pain and functional improvement with previous use of opioids. There is no rational for a continuous and chronic use of Oxycodone. Therefore, the prescription of Oxycodone 15mg #240 is not medically necessary at this time.

Lorazepam 0.5mg # 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no recent documentation of anxiety or depression in this case which could be managed with antidepressant. Therefore the use of Lorazepam 0.5mg, 90 count refills 3 is not medically necessary.

Treximet 85-500mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ephross, S. A. and S. M. Sinclair (2014). "Final results from the 16-year sumatriptan, naratriptan, and treximet pregnancy registry." *Headache* 54(7): 1158-1172

Decision rationale: Treximet contains Imitrex and Sumatriptan and is used for migraine headaches. There is no clear evidence of migraine headaches in this case and the prescription is not medically necessary.

Viagra 100mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's textbook of medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Sildenafil. <http://en.wikipedia.org/wiki/Sildenafil>

Decision rationale: MTUS and Official Disability Guidelines are silent regarding the use of Viagra. Viagra is using as a first line therapy to treat erectile dysfunction. Prior to the use of Viagra, a comprehensive physical examination and about the workup should be performed to identify reversible factors that should be treated first. There is no documentation that a work up was done to investigate the cause of the erectile dysfunction (that may require different treatment) such as spine and urological disease, metabolic disease (diabetes) and vascular disorders. Furthermore, there is no documentation of efficacy of previous use of Viagra. Therefore, the request for Viagra 100mg #30 is not medically necessary.

Tizandine 4mg # 60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine for at least 4 months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Tizanidine 4mg #60 is not medically necessary.

Oxycontin 60mg # 90: 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): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions

from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear documentation for the need for continuous use of Oxycontin. There is no documentation for pain and functional improvement with previous use of Oxycontin. There is no documentation of compliance of the patient with her medications. Based on the above, the prescription of Oxycontin 60 mg #30 is not medically necessary.