

Case Number:	CM14-0202067		
Date Assigned:	12/22/2014	Date of Injury:	03/16/2004
Decision Date:	02/25/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 52 year old male with an injury date of 03/16/04. Based on the progress report dated 11/04/14, the patient complains of increased pain in low back and right leg. The patient also has persistent buttock pain and numbness and tingling of the legs. He also has sleep impairment and irritable mood, secondary to the pain. Physical examination reveals tightness of the bilateral lumbosacral paraspinal muscles. The patient is doing home exercises and benefiting from the TENS unit as well, as per progress report dated 11/04/14. The lumbar traction unit and the muscle stimulator help with daily back function. The patient requires periodic straight cane use. Medications, as per the same progress report, include Percocet, Oxycodone, Flexeril, Lidoderm, Opana ER and Lyrica. The patient is to continue with the current modified position at work, as per progress report dated 11/04/14. MRI of the Lumbar Spine, 07/21/04, as per progress report dated 11/04/14: 3.5 mm disc herniation at L4-5, central and right paracentra. Diagnoses, 11/04/14:- Chronic low back pain- Lumbosacral radiculopathy- Lumbosacral disc injury. The treating physician is requesting for (a) LIDODERM PATCH QTY 30.00 (b) PERCOCET 10/325 mg QTY 150.00 (c) OPANA ER 20 mg QTY 20.00 (d) OXYCODONE 5 mg QTY 90.00 (e) FLEXERIL 10 mg QTY 30.00. The utilization review determination being challenged is dated 11/18/14. Treatment reports were provided from 01/09/14 - 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch); and Topical Analgesics Page(s): 56-57,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches; Topical Creams; Topical Analgesics, Page(s): 56,57, 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches.

Decision rationale: The patient complains of increased pain in low back and right leg along with persistent buttock pain and numbness and tingling of the legs, as per progress report dated 11/04/14. The request is for LIDODERM PATCH QTY 30.00. 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, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, 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. The prescription for the Lidoderm patch first noted in progress report dated 01/09/14. The patch has been prescribed consistently since then. In the latest progress report dated 11/04/14, the treating physician states that "Oxycodone, Percocet, Lidoderm, and Voltaren gel continue to help with pain control." The prescription is for "topical control of pain, with good side fx profile," the report says. However, the treating physician does not discuss outcome documenting specific reduction in pain and improvement in function as required by ODG guidelines. Additionally, there is no evidence neuropathic pain. The request IS NOT medically necessary.

Percocet 10/325mg QTY: 150.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet) Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 76-78, 88,89.

Decision rationale: The patient complains of increased pain in low back and right leg along with persistent buttock pain and numbness and tingling of the legs, as per progress report dated 11/04/14. The request is for PERCOCET 10/325 mg QTY 150.00. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (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, the first prescription for Percocet was noted in progress report dated 01/09/14. The patient has received the opioid consistently since then. In the latest progress report dated

11/04/14, the treating physician states that "Oxycodone, Percocet, Lidoderm, and Voltaren gel continue to help with pain control." The report states that the medication has been prescribed for "daytime breakthrough pain." The progress reports also indicate that the patient has been allowed to work with restrictions. Progress report dated 03/13/14 states that the patient "continues to work regularly." However, the treating physician does not discuss a specific change in pain scale. There are no urine drug screens and CURES reports for review. There is no documentation of side effects as well. The four A's, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed. The request IS NOT medically necessary.

Opana ER 20mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana) Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88,89.

Decision rationale: The patient complains of increased pain in low back and right leg along with persistent buttock pain and numbness and tingling of the legs, as per progress report dated 11/04/14. The request is for OPANA ER 20 mg QTY 20.00. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (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, the first prescription for Opana was noted in progress report dated 01/09/14. The patient has received the opioid consistently since then. In the latest progress report dated 11/04/14, the treating physician states that "Opana quantity dispensed reduced to 80 for no good reason." The report also states that the medication has been prescribed as "long-acting opioid." The progress reports also indicate that the patient has been allowed to work with restrictions. Progress report dated 03/13/14 states that the patient "continues to work regularly." However, the treating physician does not discuss a specific change in pain scale. There are no urine drug screens and CURES reports for review. There is no documentation of side effects as well. The four A's, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed. The request IS NOT medically necessary.

Oxycodone 5mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet) Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for Use of Opioids Page(s): 60,61;76-78;88-89.

Decision rationale: The patient complains of increased pain in low back and right leg along with persistent buttock pain and numbness and tingling of the legs, as per progress report dated

11/04/14. The request is for OXYCODONE 5 mg QTY 90.00. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (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, the first prescription for Oxycodone was noted in progress report dated 01/09/14. The patient has received the opioid consistently since then. In the latest progress report dated 11/04/14, the treating physician states that "Oxycodone, Percocet, Lidoderm, and Voltaren gel continue to help with pain control." The report notes "Some persistent sedation with Oxycodone." It also states that the medication has been prescribed for "additional pain control." The progress reports also indicate that the patient has been allowed to work with restrictions. Progress report dated 03/13/14 states that the patient "continues to work regularly." However, the treating physician does not discuss a specific change in pain scale. There are no urine drug screens and CURES reports for review. There is no documentation of side effects as well. The four A's, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed. The request IS NOT medically necessary.

Flexeril 10mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), and Muscle Relaxants Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient complains of increased pain in low back and right leg along with persistent buttock pain and numbness and tingling of the legs, as per progress report dated 11/04/14. The request is for FLEXERIL 10 mg QTY 30.00. MTUS pgs. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the first prescription for Flexeril was noted in progress report dated 01/09/14. The patient has received the muscle relaxant consistently since then. In the latest progress report dated 11/04/14, the treating physician states that "Flexeril helps some with spasms." However, the treating physician does not discuss outcome documenting specific reduction in pain and improvement in function. MTUS only recommends short-term use of muscle relaxants such as Flexeril with a record of improvement in pain and function. Hence, this request IS NOT medically necessary.