

Case Number:	CM14-0204513		
Date Assigned:	12/17/2014	Date of Injury:	08/26/2010
Decision Date:	02/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62 year old male who was injured on 8/26/2010. The diagnoses are cervical sprain, cervical myelopathy, lumbar disc disease, cervical radiculopathy, headache, cervical stenosis and lumbar radiculopathy. There are associated diagnoses of insomnia and depression. The patient completed PT, acupuncture and joint injections. The 2011 MRI of the cervical spine showed multilevel degenerative disc disease, foraminal narrowing, cord compression and central canal narrowing. On 10/23/2014, [REDACTED] noted subjective complaints of headache with increased neck and low back pain. There are associated complaints of numbness and sleep disturbance. The Norco was noted to be no longer effective. The plan was to discontinue Norco, start Percocet and continue PT. The medications listed are Percocet, Tramadol and Lidoderm. A Utilization Review determination was rendered on 11/7/2014 recommending non certification for Percocet 10/325mg #40, Tramadol ER 200mg #30 2 refills, Lidoderm 5% #30 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the severe exacerbation of chronic pain that did not respond to standard treatment with NSAIDs and PT. The chronic treatment with opioids can be associated with the development of tolerance, opioid induced hyperalgesia, sedation, addiction, dependency, and adverse interaction with other medications. The guidelines recommend that co-analgesics such as anticonvulsants and antidepressants be utilized in patients with significant psychosomatic symptoms associated with chronic pain. It is also recommended that compliance monitoring, UDS and functional restoration be documented during chronic opioid treatment. The records indicate that the patient had been on chronic opioid treatment for many years. There is no documentation of required compliance monitoring, UDS or functional restoration. There is no documentation trial of co-analgesics and NSAIDs medications. The criteria for the use of Percocet 10/325mg #120 was not met.

Tramadol ER 200mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the severe exacerbation of chronic pain that did not respond to standard treatment with NSAIDs and PT. The chronic treatment with opioids can be associated with the development of tolerance, opioid induced hyperalgesia, sedation, addiction, dependency, and adverse interaction with other medications. The use of Tramadol can be associated with less addictive adverse effects than other pure opioid agonists. The guidelines recommend that co-analgesics such as anticonvulsants and antidepressants be utilized in patients with significant psychosomatic symptoms associated with chronic pain. These medications are also effective for radiculopathy and neuropathic pain. It is recommended that compliance monitoring, UDS and functional restoration be documented during chronic opioid treatment. The records indicate that the patient had been on chronic opioid treatment for many years. There is no documentation of required compliance monitoring, UDS or functional restoration. There is no documentation trial of co-analgesics and NSAIDs medications. There is documentation of recent exacerbation of the chronic pain that is being investigated. The criteria for the use of Tramadol ER 200mg #30 2 refills was met.

Lidoderm 5% patch #30with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical products can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The records did not show subjective and objective findings consistent with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The criteria for the use of Lidoderm 5% patch #30 2 refills was not met.