MAXIMUS Federal Services

Case Number:	CM14-0205614		
Date Assigned:	12/17/2014	Date of Injury:	10/03/2001
Decision Date:	02/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/09/2014

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 Emergency 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 56 year-old male, who sustained an injury on October 3, 2001. The mechanism of injury is not noted. Diagnostics include April 4, 2014 consistent drug screen.Treatments have included lumbar laminectomy, physical therapy, medications. The current diagnosis is lumbar post-laminectomy syndrome. The stated purpose of the request for Percocet 10mg-325mg #90 was for pain. The request for Percocet 10mg-325mg #90 was denied on December 5, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Neurontin 300mg #90, refills 3 was for radicular pain. The request for Neurontin 300mg #90, refills 3 was modified for QTY # 90 with no refills on December 5, 2014, citing a lack of documentation of the medical necessity for excessive reills. The stated purpose of the request for Lidoderm 5% 700mg #30, refills 3 was not noted. The request for Lidoderm 5% 700mg #30, refills 3 was denied on December 5, 2014, citing a lack of documentation of medical necessity. Per the report dated November 24, 2014, the treating physician noted complaints of back pain without radiation due to Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg-325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The requested Percocet 10mg-325mg #90, is not medically necessary.CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-GoingManagement, Pages 78-80, Opioids for Chronic Pain, Pages 80-82,recommend continued use of this opiate for the treatment of moderateto severe pain, with documented objective evidence of derivedfunctional benefit, as well as documented opiate surveillancemeasures. The injured worker has back pain without radiation due to Neurontin. The treating physician has not documented VAS pain quantification withand without medications, duration of treatment, objective evidence ofderived functional benefit such as improvements in activities of dailyliving or reduced work restrictions or decreased reliance on medicalintervention, nor measures of opiate surveillance including anexecuted narcotic pain contract. The criteria noted above not having been met, Percocet 10mg-325mg #90 is not medically necessary.

Neurontin 300mg #90, refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Neurontin 300mg #90, refills 3 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages16-18, 21, note that anti-epilepsy drugs are " Recommended forneuropathic pain due to nerve damage". The injured worker has back pain without radiation due to Neurontin. The treating physician has not documented the medical necessity for excess refills versus continued monitgoring for functional improvement. The criteria noted above not having been met, Neurontin 300mg #90, refills 3 is not medically necessary.

Lidoderm 5% 700mg #30, refills 3: 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 Page(s): 56-57.

Decision rationale: The requested Lidoderm 5% 700mg #30, refills 3, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, notethat "Topical lidocaine may be recommended for localized peripheralpain after there has been evidence of a trial of first-line therapy(tri-cyclic or SNRI anti-depressants or an AED such as gabapentin orLyrica)". It is not considered first-line therapy and only FDAapproved for post-herpetic neuralgia.The injured worker has back pain without radiation due to Neurontin. The treating physician has not documented the medical necessity for this topical agent since it was

reported that Neurontin refolved his radicular pain. The criteria noted above not having been met, Lidoderm 5% 700mg #30, refills 3 is not medically necessary.