

Case Number:	CM15-0005137		
Date Assigned:	01/16/2015	Date of Injury:	06/20/2003
Decision Date:	03/17/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/09/2015

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 & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59-year-old female worker sustained a shoulder and lumbar spine injury on 6/20/03. She was diagnosed with a neck sprain. According to the QME, she has been treated with pain medications, muscle relaxants, NSAIDs and local ice application. Cervical spine discectomy and anterior arthrodesis at C4-5, C5-6 and C6-7 was performed on 6/5/14. The treating provider requests Xanax 1 mg #90, Oxycodone 15 MG #90 and Lidoderm Patches #30. The Utilization Review on 12/5/14 non-certified Xanax 1 mg #90, Lidoderm Patches #30 and Oxycodone 15 MG #90, citing CA MTUS Chronic Pain Medical Treatment guidelines; Xanax is not recommended for long-term use, Lidoderm is indicated for localized peripheral or neuropathic pain, which is not substantiated by the clinical evidence and the use of Oxycodone is not supported due to lack of evidence of significant functional improvement with previous Norco prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Xanax 1mg #90: Upheld

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

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

Decision rationale: The patient is status post Cervical spine discectomy and anterior arthrodesis at C4-5, C5-6 and C6-7 which was performed on 6/5/14. The current request is for ONE PRESCRIPTION OF XANAX 1MG #90. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. This patient has been prescribed Xanax since at least 1/7/14. The MTUS Guidelines recommends maximum of 4 weeks due to "unproven efficacy and risk of dependence." The requested Xanax IS NOT medically necessary.

One prescription of Lidoderm patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches Page(s): 57,112.

Decision rationale: The patient is status post Cervical spine discectomy and anterior arthrodesis at C4-5, C5-6 and C6-7 which was performed on 6/5/14. The current request is for ONE PRESCRIPTION OF LIDODERM PATHCES #30. 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, "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." Review of the reports shows that the patient has been using this medication since 10/14/14. There is no documentation of positive response or improvement with utilizing Lidoderm patches. More importantly, the patient does not present with peripheral, localized neuropathic pain for which Lidoderm patches are indicated, but suffers from chronic neck and low pain. The request IS NOT medically necessary.

One prescription of Oxycodone 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: The patient is status post Cervical spine discectomy and anterior arthrodesis at C4-5, C5-6 and C6-7 which was performed on 6/5/14. The current request is for ONE

PRESCRIPTION OF OXYCODONE 15MG #90. This is an initial request for Oxycodone. The Utilization review denied the request that the patient has been treated with multiple opioids with no improvement. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. The patient has been utilizing Norco on a long term basis, and on 11/13/14 the treating physician added Oxycodone to the patient's medication regimen. There is no discussion regarding why a new medication is being dispensed. MTUS states that "functional assessments should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." This request IS NOT medically necessary.