

Case Number:	CM15-0006537		
Date Assigned:	01/26/2015	Date of Injury:	03/08/2004
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona

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:

Section 1: The injured worker is a 70-year-old female who reported an injury on 03/08/2004 due to cumulative trauma. Her diagnoses include lumbar postlaminectomy syndrome, joint pain, osteoarthritis of the knee, displacement of the cervical intervertebral disc without myelopathy, degeneration of the cervical intervertebral disc, depressive disorder, disorder of lumbar disc, and displacement of thoracic intervertebral disc without myelopathy. Her past treatments included medications and a home exercise program. On 12/12/2014, the injured worker complained of low back pain. The injured worker also indicated that Percocet has helped manage her pain to allow her to do some stretching, cook, transfer herself and ambulate without the use of an assistive device. A pain contract was signed in office indicating the injured worker was compliant with CURES. The treating physician indicated that the medication provided at least 50% pain relief, allowed for improvement in function including ADLs, home exercise, and walking. It was also indicate the injured worker did not have any significant side effects, issues with misuse or diversion. Her relevant medication included Percocet, Lidoderm patch, lovastatin 40 mg, and mirtazapine 15 mg. The documentation did indicate the injured worker had occasional bowel incontinence and was unaware of bowel movements. A rationale was not provided. A Request for Authorization form was submitted on 12/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch qty. 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-112.

Decision rationale: The request for Lidoderm 5% patch qty. 30 is not medically necessary. The CA MTUS Guidelines recommend topical lidocaine may be used for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). The guidelines also states Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There was lack of documentation to indicate the injured worker had undergone a trial of first line therapies to include SNRI antidepressants or AEDs. There was also lack of documentation to indicate the injured worker had postherpetic neuralgia. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Mirtazapine 15mg, qty. 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic Page(s): 13-15.

Decision rationale: The request for Mirtazapine 15 mg, qty: 30 is not medically necessary. According to the California MTUS Guidelines, Antidepressants, are recommended as a first line option for neuropathic pain. In addition, an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation should be assessed. The injured worker was indicated to have been on Mirtazapine for unspecified duration of time. However, there was lack of documentation in regard to an assessment of treatment efficacy to include changes in use of other analgesic medication, sleep quality, with sleep duration and a psychological assessment. There was also lack of documented side effects including excessive sedation. In the absence of the above, the request is not supported by the evidence based guideline. As such, the request is not medically necessary.

Percocet 10/325mg, qty. 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

Decision rationale: The request for Percocet 10/325 mg, qty. 150 is not medically necessary. According to the California MTUS Guidelines the on-going management of opioid use should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend documentation addressing the 4A's of on-going monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The injured worker was indicated to have been on Percocet for an unspecified duration of time. However, the documentation indicated the injured worker had side effects to include bowel incontinence. The injured worker was indicated to have been on Percocet for unspecified duration of time. Therefore, a weaning schedule should be implemented due to the risk of dependence and side effects incurred with opioid regimens. There was also lack of documentation of quantifiable, objective decrease in pain, and evidence of monitoring for side effects and aberrant drug related behaviors. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Colace 100mg, qty. 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.