

Case Number:	CM15-0007438		
Date Assigned:	01/26/2015	Date of Injury:	02/16/2007
Decision Date:	03/26/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/13/2015

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: Pennsylvania, Ohio, 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:

The injured worker is a 53-year-old female patient, who sustained an industrial injury on 02/16/2007. A pain care follow up visit dated 11/05/2014 reported symptoms as severe, constant, and chronic and controlled. She reports adequate analgesia with current regimen. Her pain is noted as chronic intractable pain and she could not function without the use of opiates. Her problem list follows as; lumbar issues, post-laminectomy syndrome, lumbosacral neuritis, sacroiliac joint inflamed, lumbosacral spondylosis without myelopathy and lumbar thoracic radiculopathy. She is prescribed Vaniaq, oxycodone, Miralx, Lyrica, Lidoderm and Ibuprophen. On 12/10/2014 Utilization Review non-certified a request for lidoderm 5% patch, Lyrica, and oxycodone, noting the CA MTUS Chronic Pain, Opioids, Topical Analgesic, and Oxycodone were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Topical Analgesics page 112 discusses topical Lidocaine. Topical Lidocaine is indicated only for localized peripheral neuropathic pain after there has been evidence of failure of first-line therapy. The records do not clearly document failure of first-line neuropathic therapy. More notably, the records document generalized neuropathic pain and do not clearly document localized neuropathic pain for which topical lidocaine would likely be effective. Therefore, this request is not medically necessary.

Lyrica 150mg capsules #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available) Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 18-22.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiepileptic medications discusses this category of medications as useful to treat neuropathic pain. The prior review recommended non-certification of Lyrica since there was not specific documentation of diabetic neuropathy or postherpetic neuralgia, fibromyalgia, or spinal cord injury. However, the guidelines do support off-label use of multiple antiepileptic medications for multiple etiologies of neuropathic pain. This patient has been diagnosed with multiple neuropathic pain diagnoses. Therefore, the request is supported by the treatment guidelines. This request is medically necessary.

Oxycodone 30mg tablets (do not fill till 12/3/14) #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management page 78 discusses in detail the four As of opioid management. The medical records in this case do not clearly document functional goals and functional benefit to support ongoing opioid use. This request is not supported by the treatment guidelines. The request is not medically necessary.

Oxycodone 30mg tablets (do not fill till 12/29/14) #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): page 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management page 78 discusses in detail the four As of opioid management. The medical records in this case do not clearly document functional goals and functional benefit to support ongoing opioid use. This request is not supported by the treatment guidelines. The request is not medically necessary.