

Case Number:	CM15-0101872		
Date Assigned:	06/04/2015	Date of Injury:	01/03/1994
Decision Date:	07/03/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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: Preventive Medicine, Occupational Medicine

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 46-year-old male, who sustained an industrial injury on 01/03/1994. He has reported injury to the lower back. The diagnoses have included chronic low back pain; post-laminectomy syndrome, lumbar; lumbar/sacral radiculopathy. Treatment to date has included medications, diagnostics, epidural steroid injections, acupuncture, physical therapy, and surgical intervention. Medications have included Oxycodone, Fentanyl patch, Lidoderm patch, and Xanax. A progress note from the treating physician, dated 05/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain has persisted without any new changes; he is slowly weaning himself off the Oxycodone; planning to resume some swimming and pool exercises this month; and his current medication regimen is providing modest pain relief and allowing improved activity levels most days. Objective findings included mild decrease in lumbar range of motion. The treatment plan has included the request for Oxycodone 5mg #40; and Lidoderm 5% patches #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #40: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking MS Contin since at least 2012 without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. The injured worker is currently weaning off Oxycodone. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for aberrant behavior that may necessitate immediate discontinuation of the medications. The request for Oxycodone 5mg #40 is determined to be medically necessary.

Lidoderm 5% patches #60 with 2 refills: 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 Section Page(s): 111-114.

Decision rationale: Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The injured worker appears to be a good candidate for use of Lidoderm patch. This request is for three months of medication, however. Three months of Lidoderm is not appropriate without periodic assessment of efficacy to determine if continued use is necessary. The request for Lidoderm 5% patches #60 with 2 refills is determined to not be medically necessary.