

Case Number:	CM15-0142323		
Date Assigned:	08/03/2015	Date of Injury:	07/01/2013
Decision Date:	09/02/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 1, 2013. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for six pain management visits, Oxycodone, and Lidoderm patches while apparently approving Lyrica, Zanaflex, and cognitive behavioral therapy. Three of the six pain management visits were partially approved. Similarly, Oxycodone was likewise partially approved. The claims administrator referenced a June 11, 2015 progress note and an associated June 17, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On July 16, 2015, the applicant reported ongoing complaints of low back pain, severe, with radiation of pain to the bilateral lower extremities. The applicant was using Oxycodone and a muscle relaxant, it was reported. The applicant had undergone two previous failed lumbar spine surgeries, it was acknowledged. The applicant was placed off of work, on total temporary disability. Further spine surgery was suggested. In a July 13, 2015 progress note, the applicant reported 6/10 low back pain complaints with derivative complaints of anxiety and insomnia. The applicant was using Oxycodone, Lyrica, Zanaflex, and Lidoderm patches, it was acknowledged. The applicant was not working, it was acknowledged. Acupuncture and a trial of Horizant were endorsed while Oxycodone was continued at a reportedly reduced rate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing pain management treatment x 6 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Yes, the request for six pain management visits was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant was off of work, on total temporary disability, it was reported on July 16, 2015. The applicant had severe pain complaints present on that date which had proven recalcitrant to various treatments, including Oxycodone. The applicant was apparently considering surgical intervention involving the lumbar spine. Frequent follow-up visits with the applicant's pain management physician, thus, were indicated on several levels, including for medication management purposes, either preoperatively or postoperatively. Therefore, the request was medically necessary.

Oxycodone 10mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Conversely, the request for Oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant presented on July 16, 2015 reporting severe pain complaints radiating to the bilateral lower extremities. The applicant was placed off of work, on total temporary disability. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Oxycodone usage on that date. Therefore, the request was not medically necessary.

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Lidocaine; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. Here, however, the applicant's usage of Horizant, an anticonvulsant adjuvant medication, as of a July 13, 2015 progress note, effectively obviated the need for the Lidoderm patches in question. It is further noted that the request for Lidoderm did in fact represent a renewal or extension request for the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines stipulate that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, it did not appear that ongoing usage of Lidoderm patches had proven particularly profitable. The applicant continued to report complaints of severe low back and bilateral lower extremity pain. The applicant's spine surgeon reported on July 16, 2015 that the applicant had failed various conservative treatments including presumably the Lidoderm patches in question. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as Oxycodone. The applicant remained off of work, on total temporary disability, it was acknowledged on July 16, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.