

Case Number:	CM15-0166193		
Date Assigned:	09/03/2015	Date of Injury:	11/15/2004
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 66 year old man sustained an industrial injury on 11-15-2004. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 7-20-2015. Diagnoses include sciatica, chronic pain syndrome, and displacement of lumbar intervertebral disc without myelopathy. Treatment has included oral and topical medications and surgical intervention. Physician notes dated 7-21-2015 show complaints of low back pain with right lower extremity radiculopathy with increased pain, insomnia, and elevated blood sugar. Recommendations include Oxycodone, Gabapentin, Lidocaine patches, Voltaren gel, Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone 15mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS supports the use of ongoing opioids for chronic pain in patients who have documented pain relief, functional improvement and who have returned to work.

There should be ongoing review and documentation of pain relief, functional status, appropriate use and side effects. Norco is a short-acting opioid indicated for intermittent or breakthrough pain. In this case, the patient is being prescribed Oxycodone 15 mg #180/month. This calculates as a morphine equivalent dose (MED) of 135/day, exceeding guideline recommendations of no more than 120 MED/day. At the patient's last visit on 07/21/2015, the patient states that his pain was worse. There is also no significant functional improvement noted. Therefore, the request for ongoing Oxycodone is not medically necessary or appropriate.

1 prescription of Lidocaine 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Lidocaine patches are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressant or an AED such as Gabapentin or Lyrica). Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia and off-label painful diabetic neuropathy. In this case, the patient has been prescribed Gabapentin and experienced improvement. The patient does not have postherpetic neuralgia or painful diabetic neuropathy. Therefore the medical necessity for Lidocaine patches has not been established.

1 prescription of Voltaren gel 1% #3 100gm tubes with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Topical NSAIDs, such as Voltaren gel, have been shown to be superior to placebo during the first 2 weeks of treatment of osteoarthritis, but either not afterward or with diminishing effect over another 2 week period. Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hips or shoulders. There is little evidence supporting long-term efficacy. This patient has chronic low back pain and Voltaren has not been studied for use in treatment of the spine. In addition, the patient has no documentation of intolerance/contraindication to oral medications, therefore the necessity of a topical agent is not established.