

Case Number:	CM15-0167399		
Date Assigned:	09/08/2015	Date of Injury:	07/24/2010
Decision Date:	10/14/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 36 year old male who sustained an industrial injury on July 24, 2010. The injured worker was diagnosed as having cervicgia, long term and current use of medications, pain in joint involving the shoulder region, and pain in joint involving the upper arm. The injured worker's previous treatments and diagnostics included a right shoulder surgery, acupuncture, MRI, MR Arthrogram, physical therapy, and medication. The injured worker currently reported bilateral shoulder pain, elbow pain, and increasing neck, middle back, and low back pain with increasing dorsal thoracic pain correlating to the level of his abdominal hernia. The Treating Provider's Progress Report dated August 11, 2015, noted the injured worker was weaned down to two tablets of Oxycodone per day, with Tizanidine and acupuncture helping with sleep. Lyrica was noted to decrease his cervical pain and radiculopathy and the Lidoderm patches allowed him to be more comfortable and use less Oxycodone. The injured worker noted his Prilosec helped with medication-induced dyspepsia. The injured worker rated his pain as 8.5 out of 10 on the Visual Analog Scale (VAS). The injured worker was noted to have two urine drug screens that were inconsistent in February 2015 and in 2013, both positive for THC. The physical examination was noted to show the injured worker with a normal gait and a comfortable demeanor. The treatment plan was noted to include continued medications including Lyrica, Lidoderm patches, Tizanidine, Prilosec, Oxycodone, Wellbutrin, and Fluoxetine, acupuncture post operatively and additional physicians follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg quantity 50: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG and MTUS, Oxycodone (Oxycontin) is a long-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. According to the ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In this case, the provider requested a refill of the injured worker's Oxycodone for moderate-severe pain. The provider noted the injured worker was being weaned due to THC use. The injured worker was noted to have increasing pain, with the Oxycodone onset of relief 20 minutes, providing 20% relief for 3-4 hours. Although the injured worker was noted to have improvement in his pain with the Oxycodone, the documentation provided did not identify objective, measurable improvement in the injured worker's ability to perform specific activities of daily living, work status, or dependence on continued medical treatment. The provided noted the injured worker had no aberrant behaviors, however was noted to have two inconsistent urine drug screens for THC. The guidelines note that an indicator of adverse behavior is concurrent use of illicit drugs as detected on urine screens, and that opioids should be discontinued when there is no overall improvement in function. Therefore, based on the guidelines, and the lack of objective measurable improvement in function, with the documented use of THC as indication for weaning, the request for Oxycodone is not medically necessary.

Prilosec 40mg quantity 60: 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): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The MTUS Chronic Pain Medical Treatment Guidelines note that indicators for patients at risk for gastrointestinal events includes an age greater than 65 years, history of a peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and-or an anticoagulant, or high dose-multiple non-steroid anti-inflammatory drugs (NSAIDs), and may require use of a proton pump inhibitor (PPI) at intermediate risk for a gastrointestinal event. Long-term use of PPIs was noted to increase the risk of hip fractures. The Official Disability Guidelines (ODG) notes that proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal events, used at the lowest dose for the shortest time possible, and limited to the recognized indicators. Prilosec is a PPI, the provider requested for medicine-induced gastritis, without documentation of the specific medication causing the symptoms. The injured worker was not noted to currently be using a NSAID nor was there a gastrointestinal risk as the injured worker was noted to be 36, without indicators for gastrointestinal risk per the guidelines. Based on the guidelines, the documentation provided did not support the medical necessity for the request of Prilosec.

Lidoderm patches quantity 90: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Topical analgesics.

Decision rationale: According to the California MTUS Guidelines, topical analgesics, such as Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended 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). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The provided requested refills of the Lidoderm patches pain relief and to allow for more activity and help keep the Oxycodone at a lower dosage. The documentation provided did not include documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living, work status, or dependency on medical treatment. The injured worker was not noted to have failed a trial of first line therapy as he was currently using Lyrica with a positive response. Therefore,

based on the guidelines, the lack of objective, measurable improvement in the injured worker's pain and function, and the concurrent use of the Lyrica, the request for Lidoderm patches is not medically necessary.