

Case Number:	CM15-0184815		
Date Assigned:	09/25/2015	Date of Injury:	03/31/2003
Decision Date:	11/19/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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 59 year old female, who sustained an industrial injury on 3-31-2003. The medical records indicate that the injured worker is undergoing treatment for of lumbar degenerative disc disease with spondylosis, left shoulder pain, degenerative joint disease of the knee, and carpal tunnel syndrome. According to the progress report dated 8-10-15, the injured worker presented with complaints of low back pain. On a subjective pain scale, she rates her pain 4-5 out of 10. The physical examination did not reveal any significant findings. The current medications are Gabapentin, Flexeril, Lidoderm patch, Lidoderm cream, Prilosec, and Oxycodone. There is documentation of ongoing treatment with Gabapentin, Oxycodone, and Prilosec since at least 2014. Treatments to date include medication management and bilateral L4 and L5 radiofrequency ablation on 7-14-2015 (80% improved). Work status is not specified. The original utilization review (8-18-2015) had non-certified a request for Gabapentin, Oxycodone, Prilosec, Lidoderm 5% patch, and Lidoderm 5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, apply to painful area every 12 hours on and 12 hours off, #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).

Decision rationale: According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Lidoderm 5% patch, apply to painful area every 12 hours on and 12 hours off, #30 is not medically necessary.

Lidoderm 5% cream, apply to painful thumbs 4 times a day, 200gm: 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: Lidopro lotion is a compounded medication, which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm 5% cream, apply to painful thumbs 4 times a day, 200gm is not medically necessary.

Prilosec 20mg, #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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20mg, #30 is not medically necessary.

Gabapentin 300mg, 2 per orem 3 times a day, #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 Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 300mg, 2 per orem 3 times a day, #180 is not medically necessary.

Oxycodone 15mg, 1 per orem every 4 hours (6 per day), #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 Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS recommends Oxycodone for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids, it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. Oxycodone 15mg, 1 per orem every 4 hours (6 per day), #180 is not medically necessary.