MAXIMUS Federal Services

| Case Number: | CM15-0191606 | | |
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| Date Assigned: | 10/05/2015 | Date of Injury: | 12/14/2002 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

## 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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42 year old female, who sustained an industrial injury on 12-14-2002. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar spinal stenosis, carpal tunnel syndrome, thoracic or lumbar neuritis or radiculitis, lumbosacral spondylosis, depressive disorder, myalgia or myositis, cervical spondylosis without myelopathy, muscle spasms, and insomnia. Medical records (09-02-2015) indicate ongoing neck pain, shoulder pain, back pain, low back pain, hip pain and knee pain. Pain levels were 8-10 out of 10 on a visual analog scale (VAS). Pain is increased with activity and decreased with medication. The treating physician states that pain in increasing because the IW is not getting her medications certified. Activity levels and level of functioning were not addressed. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-02-2015, revealed tenderness to palpation over the cervical paraspinal musculature with spasms, decreased range of motion (ROM) in the cervical spine, bilateral cervical, trapezius and Rhomboid trigger points, tenderness to the bilateral cervical facet joints, positive Spurling's maneuver, positive foraminal compression test, decreased ROM in the lumbar spine, tenderness to palpation over the lumbar paraspinous area with spasms, tenderness to the lumbar facet joints bilaterally, positive lumbar trigger points bilaterally, positive straight leg raises bilaterally, bilateral ankle dorsiflexion weakness bilateral lumbar radicular signs, and decreased sensation in bilateral hands. Relevant treatments have included physical therapy (PT), work restrictions, and pain medications (tramadol, Topamax, Baclofen for unknown amount of time). The prescription for oxycodone is new and to replace tramadol. The treating physician reported no aberrant behaviors and consistent findings in review of the IW's activity report on the department of justice website. The request for authorization (09-02-2015) shows that the following medications were requested: oxycodone 5mg #90, Baclofen 10mg #60, and Relyyks Patch-Menthol 5%+ Lidocaine 4%. The original utilization review (09-10-2015) noon-certified the requests for oxycodone 5mg #90, Baclofen 10mg #60, and Relyyks Patch- Lidocaine 4%.Menthol 5%+.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5 mg #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): Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, pain treatment agreement.

**Decision rationale:** Oxycodone 5 mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no evidence of an objective urine drug screen for review. There is no clear opioid treatment plan in the documentation submitted. The documentation reveals that the patient has been on opioids without significant objective functional improvement therefore the request for oxycodone is not medically necessary.

**Baclofen 10 mg #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): Muscle relaxants (for pain).

**Decision rationale:** Baclofen 10 mg #60 is not medically necessary per the MTUS Guidelines. The MTUS states that Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and can be used to treat the lancinating pain associated with trigeminal neuralgia. The documentation does not reveal evidence of spasticity from multiple sclerosis or a spinal cord injury. There is no evidence this is being used to treat trigeminal neuralgia. The request for Baclofen is not medically necessary.

**Relyyks Patch-Menthol 5%+ Lidocaine 4%:** 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), Salicylate topicals, Topical Analgesics.

**Decision rationale:** Relyyks Patch-Menthol 5%+ Lidocaine 4% is not medically necessary per the MTUS Guidelines. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has Menthol in it and is medically used per MTUS for chronic pain. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested patch contains Lidocaine which per MTUS guidelines is 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 documentation does not indicate that topical Lidocaine is indicated for this patient. There is no documentation that patient is intolerant to other oral medications or treatments or has failed the trial of first line therapy. It is not clear why the patient would require Menthol in addition to Lidocaine in a patch form. For all of these reasons the request is not medically necessary.