

Case Number:	CM15-0203024		
Date Assigned:	10/19/2015	Date of Injury:	03/30/2006
Decision Date:	12/04/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 55 year old female who sustained an industrial injury on 3-30-2006. A review of the medical records indicates that the injured worker is undergoing treatment for status post left subtalar fusion, status post midfoot fusion, status post regional pain syndrome, status post right heel pain, status post right knee pain with medial compartment arthritis, lateral meniscal tear, chondromalacia of the patella and left foot sprain. According to the progress report dated 9-4-2015, the injured worker reported that she had fallen and had pain and swelling in her left foot. She was using a walker and was unable to bear weight on her left foot. The physician noted that x-rays were negative and the injured worker was placed in a short leg walking cast. Per the progress report dated 9-17-2015, the injured worker was still complaining of pain in her left foot, but she was full weight bearing using her walker and the cast. She reported that her medications were denied. Exam of the left foot (9-17-2015) showed the swelling to be down. She complained of pain wherever she was touched, particularly posteriorly. Treatment has included surgery, spinal cord stimulator implantation and medications. The treatment plan (9-17-2015) was for Lidocaine patches for the incision from her spine stimulator. The duration of Flexeril and Percocet was unclear. The request for authorization was dated 9-15-2015. The original Utilization Review (UR) (9-24-2015) denied requests for Percocet, Flexeril and Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also have "Steps to Take Before a Therapeutic Trial of Opioids". These steps include: before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. Pain related assessment should include history of pain treatment and effect of pain and function. Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. Within the documentation available for review, there is no indication that the dilaudid was improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In addition, the "Steps to Take Before a Therapeutic Trial of Opioids" have not been done. In light of the above issues, the currently requested Percocet 5/325mg #60 is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the

absence of such documentation, the currently requested Flexeril 10mg #60 is not medically necessary.

Lidocaine patch 5% #30: Upheld

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

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

Decision rationale: Regarding request for Lidocaine patch 5% #30, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the prescribed lidoderm in the past. As such, the currently requested Lidocaine patch 5% #30 is not medically necessary.