

Case Number:	CM15-0047750		
Date Assigned:	03/19/2015	Date of Injury:	10/20/2009
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on October 20, 2009. The injured worker was diagnosed as having lumbar/lumbosacral disc degeneration. Treatment to date has included lumbar epidural steroid injection after which his pain declined by 50%. He has a home exercise program, has had imaging of the lumbar spine and is treated with pain medications. Currently, the injured worker complains of low back pain that extends in a band across the lower lumbar spine and radiates to the right lower extremity. He complains of weakness in the left lower extremity. The pain is described as aching, burning, sharp and dull and is worse with standing. The pain is relieved with medications and his pain limits his activities of daily living. His treatment plan includes lumbar epidural steroid injection, medications and continuation of home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15mg qty: 120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone IR 15 mg #120 with one refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state of the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are degenerative disease lumbar; and degenerative disease cervical. The documentation shows Oxycodone IR started September 30, 2014. Norco was discontinued in exchange. Additionally, Lidoderm 5% patches were started on the same date. Levothyroxine (a thyroid medication) was ongoing. Documentation in the subsequent progress note dated January 27, 2015 shows subjective improvement in pain, however, there was no documentation containing objective functional improvement. There were no detailed pain assessments in the medical record (with ongoing opiate use). There were no risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to gauge ongoing efficacy, Oxycodone IR 15 mg #120 with one refill is not medically necessary.

Lidoderm patch 5% qty: 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% #90 with one refill is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is

generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are degenerative disease lumbar; and degenerative disease cervical. The documentation shows Oxycodone IR started September 30, 2014. Norco was discontinued in exchange. Additionally, Lidoderm 5% patches started on the same date. Documentation in the subsequent progress note dated January 27, 2015 shows subjective improvement in pain, however, there was no documentation containing objective functional improvement. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of first line treatment failure with antidepressants and anticonvulsants for neuropathic pain in the medical record. Additionally, the area for treatment is not designated in the medical record. Consequently, absent compelling clinical documentation of first-line treatment failure with antidepressants and anticonvulsants for neuropathic pain and the non-designated area for treatment, Lidoderm patch 5% #90 with one refill is not medically necessary.

Levothyroxine 100 mcg qty: 30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682461.html>.

Decision rationale: Pursuant to Medline plus, levothyroxine 100mcg #30 with one refill is not medically necessary. Levothyroxine is a hormone used to treat hypothyroidism. It is used to treat congenital hypothyroidism and goiter. Levothyroxine is also used with surgery and radioactive iodine therapy to treat thyroid cancer. In this case, the injured worker's working diagnoses are degenerative disease lumbar; and degenerative disease cervical. The documentation shows Oxycodone IR started September 30, 2014. Norco was discontinued in exchange. There is no documentation in the medical record indicating hypothyroidism was in any way related to the work related injury. The earliest progress note dated August 5, 2014 shows levothyroxine was renewed at that time. There is no clinical indication or rationale in the medical record for levothyroxine. Consequently, absent clinical documentation with a clinical indication and rationale for levothyroxine (as it relates to the work injury), Levothyroxine 100mcg #30 with one refill is not medically necessary.