

<b>Case Number:</b>	CM15-0052910		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 25-year-old male who reported injury on 02/25/2014. The mechanism of injury was the injured worker fell from a tree approximately 20 feet in the air. The injured worker was helmeted and was working as a tree trimmer and fell on the soft muddy area. The injured worker underwent a posterior fusion and instrumentation with an iliac crest bone graft on 02/07/2014, L1 and L2. The injured worker had a T7 fracture that the documentation indicated would heal on its own without surgery. The medication included opiates as of 04/2014. The injured worker underwent urine drug screens. The injured worker underwent an MRI of cervical spine on 07/21/2014 which revealed no nerve root cord compression or impingement. The injured worker was noted to be prescribed NSAIDs as of 08/01/2014. The injured worker underwent hardware removal at L1, L3 on 12/15/2014. There was a Request For Authorization for an foramen epidural of the lumbar spine on 02/17/2015. The documentation of 02/17/2015 revealed the injured worker had pain. The injured worker was noted to have discontinued oxycodone and tramadol since surgery and was taking half a tablet of Naproxen periodically. The injured worker had tried lidocaine patches with limited relief. The physical examination revealed the injured worker had full strength bilaterally in the hip flexors. This sensation was intact to light touch in L3-S1 distribution. Plain films of the x-rays revealed a healing L2 fracture with bridging osteophytes between L2 and L3 bilaterally. There was appropriate alignment. The motor and sensor exam revealed normal movements. The injured worker was not noted to have significant mechanical instability. The treatment plan included an epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Oxycodone 5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation to support the injured worker was being monitored for side effects. Additionally, the request failed to indicate the date of service being requested as it was noted the injured worker had stopped the oxycodone. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Oxycodone 5mg #90 is not medically necessary.

### **Unknown prescription of Naproxen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency, strength and quantity for the requested medication. Given the above, the request for unknown prescription of Naproxen is not medically necessary.

### **1 prescription of Lidoderm 5% #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

**Decision rationale:** The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review indicated the Lidoderm patches were of minimal benefit. The date for the prescription was not provided. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above and the lack of documentation, the request for 1 prescription of Lidoderm 5% #30 with 2 refills is not medically necessary.

**1 injection of the lumbar/thoracic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic studies or imaging. There should be documentation of a failure of conservative care including NSAIDs, muscle relaxants, physical therapy, and exercise. The clinical documentation submitted for review indicated the injured worker had trialed physical therapy and a donut for pain. There was a lack of documentation of objective findings of a radiculopathy upon physical examination. There was no MRI or electrodiagnostic study submitted for review. The request as submitted failed to indicate the specific levels and specific type of injection being requested. Given the above, the request for 1 injection of the lumbar/thoracic is not medically necessary.