MAXIMUS Federal Services

Case Number:	CM15-0062347		
Date Assigned:	04/08/2015	Date of Injury:	06/13/2014
Decision Date:	05/07/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/01/2015

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: Connecticut, California, Virginia
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 46 year old female who sustained an industrial injury to her lower back on June 13, 2014. The injured worker was diagnosed with lumbago and laxity of ligaments. Treatment to date includes physical therapy, acupuncture therapy, biofeedback, transcutaneous electrical nerve stimulation (TENS) unit, diagnostic testing, facet injection, epidural steroid injection (ESI) and medications. According to the primary treating physician's progress report on February 16, 2015, the injured worker continues to experience low back pain. Without medications her pain is 7/10 and with pain medications it decreases to 3/10. Examination of the lumbar spine demonstrated restricted range of motion due to pain. There was tenderness to palpation of the paraspinal muscles, along the sacrum and origin of the gluteal musculature (right side greater than left) with multi-level laxity of the spinal musculature. Bilateral lumbar facet loading was positive. Straight leg raise, piriformis, and Faber test were negative. Strength and sensation were intact bilaterally. Current medications are listed as Lyrica, Tramadol, Cymbalta, Abilify and Ibuprofen. Treatment plan consists of chiropractic evaluation and therapy, urine drug screening and the current request for Percocet and Lidoderm Patch for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as gabapentin, etc. The patient is currently undergoing other conservative modalities (manual therapy/manipulation, other medications, etc.). Topical lidocaine is not considered appropriate as a first-line treatment and without further documentation to support failure at first-line treatments with greater evidence-based efficacy in treatment, the request for topical lidocaine at this time is not medically necessary.

Percocet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the history of pain and treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations with an approach to weaning in this case would be valuable. The patient is currently taking Tramadol (another opioid) in addition to other medications, with a decrease in pain from 7/10 to 3/10 per reported records, making it difficult to justify increasing opioid risks with more opioid treatment. More detailed expectations should be outlined with the patient regarding the treatment plan and follow up scheduling working to decrease opioid dependency. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lacking evidence for increasing therapy with chronic opioids based on the provided records, the decision to deny the request for Percocet is reasonable. Therefore the initial request is not considered in the opinion of this reviewer to be medically necessary and appropriate.