

Case Number:	CM13-0036774		
Date Assigned:	12/13/2013	Date of Injury:	02/12/2003
Decision Date:	02/19/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 33-year-old male who reported an injury on 02/12/2003. The patient has been diagnosed with Panner's syndrome status post multiple interventions to the elbow and mild wrist joint inflammation due to radioulnar joint dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use, On-going Management Section Page(s): 78.

Decision rationale: According to the California MTUS Guidelines for patients taking opioid medications, ongoing review and documentation needs to include the patient's pain relief, functional status, and the 4 A's for going monitoring. The 4 A's include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The patient is noted to be taking OxyContin 80 mg every 6 to 8 hours as needed in order to control his pain. The clinical information submitted for review failed to include details regarding the patient's outcome on the

medication including the patient's least reported pain over the period since his last assessment, his average pain, the intensity of his pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, the documentation failed to address the 4 A's. There is no documentation of the patient's risk for abuse or addiction, any side effects he has experienced, and whether drug screening is indicated. In the absence of this detailed documentation required by the guidelines for the ongoing monitoring of patients taking opioid medications, the request is not supported. As such, the request is non-certified.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient's current medications were noted to include OxyContin, Oxycodone, Xanax, Lunesta, Flexeril, Protonix, Medrox patches, and Terocin lotion. The patient is noted to take Protonix 20 mg 2 "buffer the stomach." According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients who take NSAIDs and are at risk for gastrointestinal events. According to the clinical information submitted for review, the patient is not currently taking an NSAID medication. Additionally, there was no documentation of risk factors for gastrointestinal events. Therefore, the use of a proton pump inhibitor is not supported by evidence based guidelines. As such, the request is non-certified.

LidoPro lotion 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LidoPro lotion 4oz Page(s): 111-113.

Decision rationale: LidoPro lotion is noted to contain Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence to determine their efficacy or safety. They are primarily recommended for the treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further state that for compounded or combination topical analgesics, if the compounded product contains at least 1 drug or drug class that is not recommended, the product is not recommended. The guidelines specify that topical Lidocaine is used in the treatment of postherpetic neuralgia and off label for diabetic neuropathy. However, it specifies that the only FDA approved formulation of topical Lidocaine is in the form of the Lidoderm patch. No other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Additionally, topical Lidocaine is not recommended for nonneuropathic pain. Additionally, Capsaicin is only recommended as an option for patients who are intolerant to oral treatments or have not responded to other medications. The clinical

information submitted for review failed to include detailed documentation of the previous trial with antidepressants or anticonvulsants. Additionally, there was no documentation regarding other treatments that the patient did not