

Case Number:	CM14-0122771		
Date Assigned:	08/08/2014	Date of Injury:	01/05/1981
Decision Date:	10/14/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in 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 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/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 injured worker is a 68-year-old male who had a work related injury on 01/05/81. The mechanism of injury is not documented. There are no medical records submitted from the requesting physician for review. There is a letter dated 07/19/13 in response to a denial for medication. All medical information is taken from the previous utilization review dated 07/22/14. The records indicate that the injured worker had ongoing low back pain with radiculopathy despite treatment to date. Per the most recent evaluation dated 07/01/14, subjective findings revealed his quality of sleep was fair, his activity level was increased; he had relief with Cymbalta taken twice daily, relief with both Lidoderm and the Flector patch, and was able to help around the house, and walk 2-3 blocks at a time. His pain levels were also reduced from 10/10 to 7/10 with his current medication regimen which consisted of Flexeril, Ibuprofen, Norco, Oxycontin, Cymbalta, Lidoderm, and Omeprazole. Subjective findings revealed he had increased L5-S1 radiculopathy down the left leg. Physical examination findings revealed decreased lumbar range of motion, positive facet loading, as well as diminished sensation and motor strength. MRI of the lumbar spine dated 10/02/12 revealed mild bilateral neuroforaminal stenosis of 4mm with ligamentum flavum hypertrophy, moderate bilateral neuroforaminal stenosis to a disc bulge and facet arthrosis, L2-3 central canal stenosis with a disc osteophyte complex and ligamentum flavum hypertrophy, severe bilateral neuroforaminal stenosis due to a disc bulge and facet arthrosis, and L3-4 severe bilateral neuroforaminal stenosis due to a disc bulge and posterior osteophyte and facet arthrosis. Treatment had consisted of medication, prior epidural steroid injection, a lumbar discectomy and interbody fusion of L3-4 and L5-S1, laminectomy of L5, physical therapy. The utilization review on 07/22/14 the Oxycontin was modified, the Norco was certified, the Cymbalta was certified, the Ibuprofen was certified, Omeprazole was certified, and the Lidoderm was non-certified. Flexeril was non-certified and the caudal epidural steroid

injection was non-certified. The current request is for Oxycontin 60mg #90 (that equates to 3 per day, which equals 270 MED). Lidoderm patch 5% #30. Flexeril 10mg #60. A caudal epidural with catheter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

Lidoderm 5% Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

1 Caudal Epidural with Catheter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per CAMTUS a radiculopathy must be documented and objective findings on examination need to be present. Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation indicated the caudal epidural steroid injection performed on 07/12/13 provided 30% reduction in pain relief for approximately one month. As such, the request cannot be recommended as medically necessary.