

Case Number:	CM14-0139758		
Date Assigned:	09/29/2014	Date of Injury:	10/02/2009
Decision Date:	10/27/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/28/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 patient is a 43-year-old male who sustained an industrial injury on 10/02/2009. Mechanism of injury is not provided. He is status post left thumb laceration with near amputation and left thumb amputation revision with V-Y advancement flap (dates of surgeries are not provided) Diagnoses chronic pain syndrome, hand joint pain, neuralgia, and upper extremity paresthesias. A prior peer review dated 5/9/2014 non-certified Kadian 20mg #30, Oxycodone/Acetaminophen 10/325 #180, Temazepam, and Lidoderm patches 5%. A prior peer review dated 5/20/2014 partially certified Topamax 25 mg x 1 month. A prior peer review completed on 8/5/2014 non-certified the request for OxyContin 10mg #60, Oxycodone-Acetaminophen 10-325mg #240, Temazepam 15mg #30, Topamax 25mg #120, and Lidoderm 5% patch #3 boxes. The medications were not supported by the guidelines, and medical necessity was not established. The 2/28/2014 urine toxicology screen tested positive for Temazepam, morphine, oxycodone, and alcohol metabolites. According to the 7/31/2014 pain management follow-up for medications refill, the patient reports OxyContin works well for overall pain control, and that he is stable with his medication regimen. Pain is located in the bilateral hands; there has been no change in pain or pain control. In the last month pain is 7/10 with medications and 8/10 without medications. Pain is worse all day. He can tolerate pain level of 6/10. It takes him 2 hours to fall asleep, he awakens average of 4 times during the night, he does not sleep during the day, and he does take sleep medication. He works full time. He reports being depressed. Current medications include Oxycontin 1 tab every 12 hours, Oxycodone-acetaminophen 10/325 max 8/day, Temazepam 15mg 1 hs prn for insomnia, Topamax 25mg 1-2 tabs po bid for neuropathic pain, and Lidoderm 5% patch q 12 hr for neuralgia. Physical examination documents no evidence of overmedication or sedation, ambulates with steady gait without assistive device, left thumb re-

attached with good/normal color, mild swelling, + allodynia, alert and cooperative, direct and pleasant mood and affect, normal attention span and concentration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #60: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Oxycontin Tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Ongoing management must include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The criteria for ongoing opioid for chronic pain management has not been met. Ongoing opioid usage, in the absence of clinically significant improvement is not supported. Furthermore, the MED of his combined opioids exceeds the limit set under the evidence based guidelines. The medical records fail to establish the patient is an appropriate candidate for ongoing Oxycontin use. The medical necessity of the medication has not been established. The request is non-certified.

Temazepam 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the guidelines, Temazepam is not recommended. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. The guidelines states Benzodiazepines is the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, the medical records do not document current subjective complaints, objective findings/observations, and an active diagnosed anxiety disorder. Regardless, a more appropriate treatment for anxiety disorder is an antidepressant. It appears this medication is being provided as a sleep aid. The medical records do not provide a clinical rationale that establishes the necessity for a medication not recommended under the evidence-based guidelines. The request is non-certified.

Topamax 25mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anit-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Other Antiepileptic Drugs Page(s): 120-121.

Decision rationale: According to the guidelines, Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. AEDS are recommended for neuropathic pain (pain due to nerve damage), but not for acute nociceptive pain (including somatic pain). Topiramate (Topamax, generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The medical records do provide any clinical objective findings to establish active neuropathic pain condition is present. In addition, there is no evidence of failure of other anticonvulsants. Furthermore, there is no subjective or objective evidence of functional improvement with Topamax. The medical necessity of Topamax has not been established. The request is non-certified.

Lidoderm 5% patch #3 boxes: Upheld

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

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

Decision rationale: The CA MTUS guidelines state topical lidocaine 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. The medical records do not establish this patient has an active neuropathy. In addition, failure of the recommended first-line therapy has not been documented. Furthermore, the medical records do not document evidence of clinically

significant objective functional improvement with use of Lidoderm patch. Consequently, the medical records do not establish Lidoderm patches are appropriate and medically necessary, the request is not supported by the guidelines. The request is non-certified.

Oxycodone-Acetaminophen 10-325mg #240: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also note that opioids, such as Oxycodone, may be efficacious for short-term use, but the efficacy of long-term use is limited. The medical records do not demonstrate improvement in function and pain with chronic opioid use. It is also noted the MED of his combined opioids exceeds the limit set under the evidence based guidelines. There is no indication that non-opioid and non-pharmacologic means of pain management are being actively utilized by a patient with a 5 year old industrial injury. The medical records fail to establish the patient is an appropriate candidate for ongoing Oxycodone use. The medical necessity of the medication has not been established. The request is non-certified.