

Case Number:	CM14-0148605		
Date Assigned:	09/26/2014	Date of Injury:	04/07/2000
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/12/2014

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 Interventional Spine 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 51 years old with an injury date on 04/07/2000. Based on the 09/02/2014 progress report provided by [REDACTED], the diagnoses are: Right L4/5 radiculitis-improved s/p LESI, Left L5 radiculopathy/radiculitis-improved some, Left sacroiliac joint dysfunction-improved, failed back surgical syndrome, and chronic pain syndrome. According to this report, the patient complains of chronic low back pain that radiates to the left buttock and posterior thigh; left greater than right. Pain is described as intermittent dull, ache, throbbing, and stabbing sensation. Numbness and tingling are also noted at the bilateral lower extremities from the knees down. Symptoms are aggravated with activities, sitting, and walking. Pain on the VAS today is 7/10 (unchanged) with 20% functionality. Patient uses a single point cane in the right hand and has tandem gait. Weakness of the left L5 myotomes is noted. Diminished deep tendon reflex is noted at the right patellar (1/4) and left Achilles reflexes (1/4). Range of motion of the lumbar spine is decreased. Urine drug screen on 04/14/2014 is consistent for medications regimen. There were no other significant findings noted on this report. The utilization review denied the request on 09/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/17/2014 to 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidoderm patches on 2/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 09/02/2014 report by [REDACTED] this patient presents with chronic low back pain that radiates to the left buttock and posterior thigh; left greater than right. The treater is requesting a retrospective request for Lidoderm patches on 2/13/2014. Lidoderm patch was first mentioned in the 03/17/2014 report. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has neuropathic pain but is not localized nor peripheral. The treater mentions that "Lidoderm help" but does not indicate how it is used. Lidoderm is not indicated for axial spinal pains. Recommendation is for denial.

Retrospective request for MS Contin 30mg #90 on 2/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiate Medications for chronic pain Pain Assessment CRITERIA FOR USE OF OPIOIDS Op.

Decision rationale: According to the 09/02/2014 report by [REDACTED] this patient presents with chronic low back pain that radiates to the left buttock and posterior thigh; left greater than right. The treater is requesting a retrospective request for MS Contin 30mg #90 2/13/2014. MS Contin was first mentioned in the 03/17/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Retrospective request for MS Contin 15mg #90 on 2/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiate Medications for chronic pain Pain Assessment CRITERIA FOR USE OF OPIOIDS Op.

Decision rationale: According to the 09/02/2014 report by [REDACTED] this patient presents with chronic low back pain that radiates to the left buttock and posterior thigh; left greater than right. The treater is requesting a retrospective request for MS Contin 15mg #90 on 02/13/2014. MS Contin was first mentioned in the 03/17/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Retrospective request for Percocet 10/325mg #120 on 2/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiate Medications for chronic pain Pain Assessment CRITERIA FOR USE OF OPIOIDS Opio.

Decision rationale: According to the 09/02/2014 report by [REDACTED] this patient presents with chronic low back pain that radiates to the left buttock and posterior thigh; left greater than right. The treater is requesting a retrospective request for Percocet 10/325mg #120 on 02/13/2014. Percocet first mentioned in the 03/17/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Retrospective request for Neurontin 800mg #90 on 2/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: According to the 09/02/2014 report by [REDACTED] this patient presents with chronic low back pain that radiates to the left buttock and posterior thigh; left greater than right. The treater is requesting a retrospective request for Neurontin 800mg #90 on 02/13/2014. Neurontin is first noted in 03/17/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, ODG Guidelines recommend for neuropathic pain (pain due to nerve damage), but not for acute somatic pain. Review of reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treater does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Recommendation is for denial.

Retrospective request for Meloxicam 15mg #30 on 2/13/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Medications for chronic pain Anti-inflammatory medications NSAIDs (non-steroidal an.

Decision rationale: According to the 09/02/2014 report by [REDACTED] this patient presents with chronic low back pain that radiates to the left buttock and posterior thigh; left greater than right. The treater is requesting a retrospective request for Meloxicam (Mobic) 15mg #30 on 02/13/2014. Meloxicam is first noted in 03/17/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding NSAID's, MTUS Guidelines pages 60 and 61 states "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show not mentions that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Recommendation is for denial.