

Case Number:	CM14-0168249		
Date Assigned:	10/15/2014	Date of Injury:	10/22/2012
Decision Date:	11/18/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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 42-year-old male with a date of injury of 10/22/2012. The requesting physician is [REDACTED] and he does not provide any progress reports for review. AME report by [REDACTED], from 07/14/2014 recounts treatment history which indicates that the patient has been treated by [REDACTED] since 2012. [REDACTED] has treated the patient with physical therapy, multiple epidural steroid injections, and medications. In June 2014, [REDACTED] put in a request for applicant to undergo spinal surgical consultation as he had failed conservative measures of treatment. AME report indicates that the patient is taking medications including Dilaudid 4 mg and Percocet. The patient continues to complain of constant thoracic spine pain which is sharp. [REDACTED] states that future medical care should consist of analgesics as well as anti-inflammatory medications and epidural steroid injections. Request for authorization by [REDACTED] from 09/04/2014 requests Percocet 10/325 mg to be taken 2 tablets every 4 hours, Lidoderm ointment 0.5% to be applied to affected area, and Soma 250 mg 1 tablet 3 times a day. Utilization Review denied the request on 09/22/2014. AME report from 02/06/2014 and 07/14/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 60,61,88,89,76-78.

Decision rationale: This patient presents with continued thoracic spine pain. The treating physician provides a request for authorization from 09/04/2014 requesting Percocet 10/325 mg to be taken 2 tablets every 4 hours as needed. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. AME report 07/14/2014 states that the patient "continues medication in the form of Dilaudid 4 mg which he takes as needed and Percocet." It is unclear as to when the patient was first prescribed this medication. In this case, the treating physician does not provide pain assessment or outcome measures as required by MTUS for continued opiate use. Furthermore, there is no discussion as to the efficacy of this medication in terms of functional improvement or changes in ADLs. There is no urine drug screen or discussions of adverse side effects. Given the lack of sufficient documentation for opiate management, this request is not medically necessary.

Soma 250 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: This patient presents with continued thoracic spine pain. The treating physician is requesting Soma 250mg. It is unclear how long the patient has been prescribed Soma 250 mg. Request for authorization from 09/04/2014 the request Soma 250 mg 1 tablet to be taken 3 times per day. The MTUS page 63 regarding muscle relaxants states, "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the treating physician does not state that this medication is for short-term use. Therefore, this request is not medically necessary.

Lidoderm cream 0.5%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, Topical analgesics Page(s): 111.

Decision rationale: This patient presents with continued lumbar and thoracic pain. The treating physician is requesting Lidoderm ointment 0.5%. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. This request is not medically necessary.