MAXIMUS Federal Services

Case Number:	CM14-0183064		
Date Assigned:	11/07/2014	Date of Injury:	04/14/2006
Decision Date:	12/15/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 44-year-old male who reported an injury on 04/14/2006. The mechanism of injury was not provided. His diagnoses were noted to include failed back surgery syndrome, left ankle pain, lumbar degenerative disc disease, and sensory radiculopathy. His past treatments were noted to include physical therapy, medication, and surgery. He is status post lateral lumbar interbody fusion at L4-5 dated 09/27/2010. During the assessment on 10/14/2014, the injured worker complained of low back pain and right ankle pain. He rated the low back pain 7-8/10. There were no physical examination notes documented that day. The previous physical examination on 09/26/2014 revealed limited range of motion in the lumbar spine, with lumbar muscle spasm. There was lumbosacral tenderness and a negative straight leg raise test. His medications were noted to include OxyContin 60 mg, Norco 10/325 mg, Soma 350 mg, docusate sodium 100 mg, and Lidoderm 5% patch. The treatment plan was to continue with medication and physical therapy. The rationale for OxyContin 60 mg, Norco 10/325 mg, Lidoderm 5% patch, and Soma 350 mg was not provided. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The request for OxyContin 60 mg #120 is not medically necessary. The California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, there was no quantified information regarding pain relief, including a detailed assessment with the current pain on a visual analog scale (VAS), average pain, intensity of pain, or longevity of pain relief. Furthermore, there was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. In the absence of this documentation, the ongoing use of OxyContin 60 mg #120 is not supported by the guidelines. As such, the request is not medically necessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The request for Norco 10/325 #150 is not medically necessary. The California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, there was no quantified information regarding pain relief, including a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. Furthermore, there was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. In the absence of this documentation, the ongoing use of Norco 10/325 mg #150 is not supported by the guidelines. As such, the request is not medically necessary.

Lidoderm patch 5% #60: 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): 111-112.

Decision rationale: The request for Lidoderm 5% patch #60 is not medically necessary. The California MTUS Guidelines indicate that topical lidocaine, in the formulation of a dermal patch known as Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine, "whether creams, lotions, or gels," are indicated for neuropathic pain. The guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. There is a lack of subjective complaints of neuropathic pain and adequate documentation regarding failure of antidepressants and anticonvulsants. Additionally, the application site and frequency of the proposed medication was also not provided. Given the above, the request for Lidoderm 5% patch #60 is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Soma 350 mg #90 is not medically necessary. The California MTUS Guidelines do not recommend the use of carisoprodol. The medication is not indicated for long term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for its sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter the effects of other drugs. The injured worker was noted to be taking Norco, Soma, and OxyContin. As a combination with hydrocodone, it has an effect that some abusers claim can be similar to heroin. Since the start of carisoprodol 350 mg, there has been no documentation of a detailed assessment of the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was also a lack of documentation regarding improved function, ability to perform activities of daily living, or adverse side effects from the use of carisoprodol. Additionally, the frequency was not provided. Due to the use of carisoprodol not being recommended by the guidelines and the absence of pertinent information, the ongoing use of Soma 350 mg #90 is not medically necessary.