

Case Number:	CM14-0074683		
Date Assigned:	07/16/2014	Date of Injury:	04/11/2007
Decision Date:	05/27/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 62-year-old male, who sustained an industrial injury on 4/11/2007. He reported a fall, sustaining broken ribs, a collapsed left lung, and low back strain. The injured worker was diagnosed as having lumbar post laminectomy syndrome and rib pain. Treatment to date has included diagnostics, spinal cord stimulator, and medications. On 5/06/2014, the injured worker complained of low back pain and intercostal neurophy. He reported mostly good days with a few bad days, although pain was not rated. Retiring made a significant difference in his pain. The use of Oxycontin and Percocet was noted since at least 1/2013 and the use of Lidoderm patches was noted since at least 4/2013. He desired to increase Oxycontin and lower Percocet and achieve more stability regarding medication management. The treatment plan included medications, including Oxycontin 20mg and 10mg, Percocet, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left knee replacement; jaw surgery 30 years ago; chronic intractable pain; failed back syndrome lumbar; lumbago; lumbar degenerative disc disease; lumbar radiculopathy; rib pain. The request for authorization is dated May 6, 2014. The progress note dated May 6, 2014, subjectively shows the injured worker suffers with low back pain and intercostal neuropathy. Objectively, there is no physical examination of the lumbar spine. There are multiple electronic entries for prescriptions in the medical record. There appeared to be 2 prescriptions for Percocet 10/325 mg #30 days, #180. There is a separate entry with #120. The request for authorization states the patient wants to take less Percocet so he will give a dose equivalent of OxyContin. The medical record does not contain a reduction in Percocet with an equivalent dose of OxyContin. Additionally, there is no objective functional improvement with ongoing Percocet. There are no risk assessments in the medical record. There were no detailed pain assessments in the medical record. There is no attempt at weaning Percocet 10/325 mg in the medical record. Consequently, absent clarification of the multiple prescriptions for Percocet 10/325 mg in the medical record with a reduction in Percocet dosing, risk assessment and detailed pain assessments, Percocet 10/325 mg #120 is not medically necessary.

Oxycontin 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycontin 20mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended

in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left knee replacement; jaw surgery 30 years ago; chronic intractable pain; failed back syndrome lumbar; lumbago; lumbar degenerative disc disease; lumbar radiculopathy; rib pain. The request for authorization is dated May 6, 2014. The progress note dated May 6, 2014, subjectively shows the injured worker suffers with low back pain and intercostal neuropathy. Objectively, there is no physical examination of the lumbar spine. There are multiple electronic entries for prescriptions in the medical record. There appeared to be 4 prescriptions for Oxycontin 10mg ER #60 in the current medication section. In the order section of the progress note, there is one prescription for OxyContin 20 mg #60 and the second prescription for OxyContin ER 10 #60. The request for authorization states the patient wants to take less Percocet so he will give a dose equivalent of OxyContin. The medical record does not contain a reduction in Percocet. There is an increase in the OxyContin dose of OxyContin ER 10 mg to OxyContin ER 10 mg plus OxyContin ER 20 mg. Additionally, there is no objective functional improvement with ongoing Oxycontin. There are no risk assessments in the medical record. There were no detailed pain assessments in the medical record. There is no attempt at weaning Oxycontin in the medical record. There is no clinical rationale for the increasing dose of OxyContin. Consequently, absent compelling clinical documentation with objective functional improvement of ongoing Oxycontin in the medical record with a reduction in Oxycontin dosing, risk assessment and detailed pain assessments, Oxycontin 20 mg #60 is not medically necessary.

Lidoderm 5% patch #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% #60 with six refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are left knee replacement; jaw surgery 30 years ago; chronic intractable pain;

failed back syndrome lumbar; lumbago; lumbar degenerative disc disease; lumbar radiculopathy; rib pain. Lidoderm was started December 4, 2013. The request for authorization is dated May 6, 2014. The progress note dated May 6, 2014, subjectively shows the injured worker suffers with low back pain and intercostal neuropathy. Objectively, there is no physical examination of the lumbar spine. There is no documentation of first-line failure with anticonvulsants and antidepressants. There is no documentation of a Lidoderm trial over a four-week period to determine objective functional improvement. Additionally, a six-month refill exceeds the recommended guidelines. Consequently, absent clinical documentation with objective functional improvement (over an 18-month period) and failure of first-line treatment with anticonvulsants and antidepressants, Lidoderm 5% #60 with six refills is not medically necessary.