MAXIMUS Federal Services

Case Number:	CM15-0000107		
Date Assigned:	01/09/2015	Date of Injury:	07/26/2000
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/31/2014

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
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 55 year old male who sustained an industrial injury on July 26, 2000. He has reported low back pain and has been diagnosed with neck pain, post lumbar fusion, chronic back pain, and rule out peripheral neuropathy. Treatment to date has included medical imaging, surgery, and pain medications. Currently the injured worker is having spasms of the lower spine. The trearting physicians plan included authorization for EMG/ nerve conduction studies of the right and left lower extremity, shower accommodations, and pain management. Utilization review form dated December 3, 2014 non certified 30 lidoderm patches and 60 capsules of colace 100 mg noting the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lidoderm Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page 56-57. Topical Analgesics Page 111-112. Page(s): 56-57, 111-1.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidoderm patches is not medically necessary.

60 Capsules of Colace 100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web) 2014, Pain Opiod-induced constipation treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 77.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation for patients prescribed opioid medications. Medical records document the prescription of the opioid Percocet. MTUS guidelines support the medical necessity of prophylactic treatment of constipation for patients prescribed opioid medications. The use of Colace is supported by MTUS. Therefore, the request for Colace is medically necessary.

120 Tablets of Percocet 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids,Oxycodone/Acetaminophen (Percocet) Page(s): 74-96, 92. Decision based on Non-MTUS Citation FDA Prescribing Information Percocet
http://www.drugs.com/pro/percocet.html

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Percocet should be administered every 4 to 6 hours as needed for pain. For more severe pain the dose (based on Oxycodone) is 10-30mg every 4 to 6 hours prn pain. FDA

guidelines document that Percocet is indicated for the relief of moderate to moderately severe pain. The medical records document a history of L4-S1 fusion spine surgery. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Analgesia was documented. Activities of daily living were addressed. No adverse side effects were reported. Evaluation for aberrant behavior was documented. Per MTUS, Percocet is indicated for pain. Per FDA, Percocet is indicated for the relief of moderate to moderately severe pain. The medical records provide support for the use of Percocet. The request for Percocet 10/325 mg is supported by the medical records and MTUS and FDA guidelines. Therefore, the request for Percocet 10/325 mg is medically necessary.