

Case Number:	CM15-0011555		
Date Assigned:	02/11/2015	Date of Injury:	07/19/2013
Decision Date:	03/27/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old male, with a reported date of injury of 07/09/2013. The diagnoses include bilateral lumbar facet joint syndrome, lumbar facet joint arthralgia/synovitis/facet joint pain, bilateral sacroiliac joint pain, bilateral sacroilitis, and right lumbar sprain/strain. Treatments have included lumbar facet joint nerve radiofrequency nerve ablation/rhizotomy/neurotomy at three levels on 11/24/2014, and oral medications. The medical report dated 01/06/2015 indicates that the injured worker had right low back pain and right buttock pain. He reported continued bilateral buttock pain. An examination showed tenderness to palpation of the bilateral sacroiliac joint sulcus, lumbar paraspinal muscles overlying the right L4-5 and L5-S1 facet joints, restricted range of motion of the bilateral lower extremities, restricted lumbar range of motion, negative bilateral lumbar discogenic provocative maneuvers, and normal muscle strength in all limbs. The treating physician requested Percocet 10/325mg #30 since it provided 60% decrease of the injured worker's breakthrough pain and activities of daily living; Oxycontin 20mg #90 since it provided a 40% decrease in pain; and Lidoderm patches #30 to treat the injured worker's post-procedural pain. He noted that the opioids improve ADLs such as self-care and dressing and allow the patient to work FTMD. There is a current pain contract, UDS was consistent, there are not adverse effects, and the patient shows no aberrant behavior. On 01/15/2015, Utilization Review (UR) denied the request for Lidoderm patch #30 and modified the request for Oxycontin 20mg #90 and Percocet 10/325mg #30, noting that there was no indication of neuropathic pain, no sufficient documentation or rationale for

Lidoderm patch, and the guidelines do not recommend long-term opioid use for chronic low back pain. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg quantity 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for OxyContin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without side effects or evidence of aberrant use. The provider notes that there is a current pain contract and UDS has been consistent. In light of the above, the currently requested OxyContin is medically necessary.

Percocet 10/325mg quantity 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without side effects or evidence of aberrant use. The provider notes that there is a current pain contract and UDS has been consistent. In light of the above, the currently requested Percocet is medically necessary.

Lidoderm patch, quantity 30: 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): 112.

Decision rationale: Regarding request for Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tricyclic antidepressants, SNRIs, or anti epileptic drugs. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain failing first-line therapy. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.