

Case Number:	CM15-0013808		
Date Assigned:	02/02/2015	Date of Injury:	08/09/2010
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

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, 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 67 year old male, who sustained an industrial injury on August 9, 2010. He has reported lower back pain, leg pain, and right leg weakness. The diagnoses have included lower back pain, tailbone pain, lumbar spine stenosis, lumbar radiculitis, and lumbar degenerative disc disease. Treatment to date has included medications, physical therapy, massage, use of a walker and wheelchair, injections, spinal cord stimulator, and imaging studies. A progress note dated August 11, 2014 indicates a chief complaint of increased pain. Physical examination showed and antalgic gait and decreased range of motion of the lumber spine. The treating physician requested prescriptions for Lidoderm patches, Soma, and Oxycodone. On December 23, 2014 Utilization Review denied the request for the prescription for the Lidoderm patches. Utilization Review denied the request for the prescriptions for Soma and Oxycodone, but noted that weaning was recommended. The MTUS chronic pain medical treatment guidelines were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57, 78-92.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% patch 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. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial of first line therapy (AED or antidepressants). The criteria for Lidoderm patches are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are disorder of coccyx; mood disorder; and low back pain. The documentation does Lidoderm 5% patch #90 was first prescribed December 1, 2014. The criteria for Lidoderm patches include a trial if there is evidence of a localized pain consistent with a neuropathic etiology. There are no subjective or objective findings of neuropathic pain. Additionally, the diagnoses do not support the neuropathic etiology. The guidelines allow for trial of patch treatment not to exceed four weeks. The injured worker, as noted above, was started on Lidoderm December 1, 2014. In a progress note dated January 19, 2015, the injured worker noted pain was increased since the last visit. The guidelines state that if objective improvements cannot be determined than the medication should be discontinued. Consequently, absent clinical documentation with objective functional improvement (it was subjectively a pain increase over the subsequent four weeks), Lidoderm 5% patch is not medically necessary.

Soma 350 mg, tab 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 56-57, 78-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are disorder of coccyx; mood disorder; and low back pain. The documentation shows the treating physician, as far back as February 3, 2014, prescribed Soma. Soma is indicated for short-term (less than two weeks) treatment of acute low back pain and for acute exacerbations in chronic low back pain. There was no documentation of an acute exacerbation in chronic low back pain. Additionally, the injured worker has been using Soma for greater than 12 months. The guidelines recommend short-term (less than two weeks) treatment. The treating physician has exceeded the recommended guidelines for Soma. The

documentation did not contain evidence of objective functional improvement associated with long-term Soma use. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term (less than two weeks), Soma 350 mg #120 is not medically necessary.

Oxycodone 15 mg, tab #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release (OxyIR capsule, Roxicodone tablets).

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 15 mg #180 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. In this case, the injured worker's working diagnoses are disorder of coccyx; mood disorder; and low back pain. The documentation indicates Oxycodone 15 mg was prescribed as far back as February 3, 2014. The documentation does not contain evidence of objective functional movement for the ongoing Oxycodone use. A progress note from January 19, 2015 indicates the injured worker has increased pain despite the continued use of Oxycodone, in addition to, a list of other medications. Consequently, absent clinical documentation with evidence of objective functional improvement associated with long-term Oxycodone use, Oxycodone 15 mg #180 is not medically necessary.