

Case Number:	CM15-0126163		
Date Assigned:	07/10/2015	Date of Injury:	06/10/2005
Decision Date:	08/12/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 54-year-old female, who sustained an industrial injury on June 10, 2005. The injured worker was diagnosed as having unspecified single episode major depression, lumbar postlaminectomy syndrome, cervical spondylosis without myelopathy, generalized anxiety disorder, recurrent episode unspecified major depression, and psychogenic pain. Treatments and evaluations to date have included physical therapy, psychotherapy, water therapy, acupuncture, back surgery in 2010, sacral neuro-stimulator, right ankle and foot surgery, and medication. Currently, the injured worker complains of neck, upper back, right ankle, and foot pain. The Treating Physician's report dated April 14, 2015, noted the injured worker reported reduced multiple pain complaints with acupuncture, and improved strength and difference in sore muscles with physical therapy. The injured worker was scheduled to begin aqua therapy the following week, and had been authorized for lateral stabilization surgery. The injured worker was noted to be motivated to wean off her Oxycodone with assist from other modalities of treatment such as acupuncture and aqua therapy. The Physician noted it was felt the injured worker had a seizure when in physical therapy several months earlier, with follow up with a neurologist. The injured worker complained of balance problems, poor concentration, memory loss, numbness, tremors and weakness, with dizziness, headaches, anxiety, and depression. Physical examination was noted to show the injured worker with an antalgic gait, swelling and tenderness in the right ankle, and tenderness to palpation in the low back and neck. The injured worker's current medications were listed as Lidoderm patch, Gabapentin, Diclofenac Sodium, and Oxycontin. The treatment plan was noted to include prescriptions for the Lidoderm

patches and Oxycontin, and a semi-quantitative urine drug screen (UDS) administered. The Physician noted the plan was to decrease the Oxycontin, as the injured worker had gone from five a day of the 15mg to three a day, with eventual decreasing her down. The Physician note dated May 14, 2015, noted the injured worker's right ankle stabilization surgery was postponed until June 1, 2015, as she recently had symptoms of pain in the left arm, pain in the back of the head, difficulty swallowing, and voice change. The Physician noted increasing the Oxycontin to 15mg four tablets a day for post surgical pain, as she was to be undergoing surgery soon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% (700mg/patch) quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note that Lidocaine is "indicated for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line anti-depressants or antiepilepsy drugs. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings." The injured worker is noted to have used Lidoderm patches since at least 2012. The documentation provided failed to include documentation of objective, measurable improvement in the injured worker's pain or function with the use of the Lidoderm patches. The treating physician's request did not include the site of application for the Lidoderm patch. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Lidoderm patches 5% (700mg/patch) quantity 30.

Oxycontin 15mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. The injured worker was noted to have been on Oxycontin since at least September 2012, currently motivated to wean off her Oxycontin. The documentation provided did not document objective improvement in the injured worker's pain, function, ability to perform activities of daily living (ADLs), quality of life, or ability to return to work with use of the Oxycontin. The injured worker was noted to be permanent and stationary, with reduction in pain and improvement in strength noted with the acupuncture and physical therapy treatments. The injured worker was noted to complain of dizziness, constipation, and headaches, all possible adverse reactions to the long-term use of opioid medication. The documentation provided failed to include objective measurement of the current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the Oxycontin, how long it took for pain relief, and how long the pain relief lasts. The physician noted the intent to wean the injured worker from the Oxycontin however, the physician's note dated May 14, 2015, noted the increase of the Oxycontin from three tablets daily to four tablets daily to account for postoperative pain for the planned surgery in June 2015, which was not part of the workers compensation claim. Based on the MTUS guideline, the documentation provided did not support the medical necessity of the request for Oxycontin 15mg quantity 90.

1 Semi quantitative urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that drug testing is recommended as an option, using a urine drug screen (UDS) to assess for the use or the presence of illegal drugs, and for the occurrence of any potentially aberrant or non-adherent drug related behaviors. The Official Disability Guidelines (ODG) recommends urine drug testing at the onset of treatment, and ongoing monitoring. If a patient has evidence of a "high risk" of

addiction, has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts, and if dose increases are not decreasing pain and increasing function, consideration of urine drug testing should be made to aid in evaluating medication compliance and adherence. The frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Injured workers at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Injured workers at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Injured workers at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The physician's note dated January 15, 2015, noted the injured worker received a urine drug screen (UDS) on that date. The documentation provided did not identify the injured worker with signs of addiction or aberrant behavior that would indicate a need for more frequent urine drug screen testing than once a year. Therefore, based on the MTUS and Official Disability Guidelines (ODG), the documentation provided did not support the medical necessity of the request for one semi quantitative urine drug screen.