

Case Number:	CM15-0126557		
Date Assigned:	07/13/2015	Date of Injury:	12/17/2009
Decision Date:	09/22/2015	UR Denial Date:	06/24/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of December 17, 2009. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve requests for MiraLax, Lidoderm patches, Flector patches, Norco, OxyContin, and a urine drug screen. The claims administrator referenced a June 9, 2015 progress note in its determination. On June 12, 2015, the applicant reported ongoing complaints of bilateral ankle pain, status post earlier left ankle ORIF surgery. The applicant was using Nucynta and night splints, it was acknowledged. The applicants work status was not furnished. The applicant was asked to pursue physical therapy to incorporate aquatic therapy. Orthotics was sought. The applicant was asked to employ night splints. On June 9, 2015, the applicant reported ongoing complaints of bilateral leg, shoulder, knee, low back, ankle, and foot pain, highly variable, exacerbated by lifting, bending, sitting, physical activity, stress, and twisting. The applicant had issues with sleep apnea requiring usage of a CPAP device, it was noted in the past medical history section of the note. The applicant also had derivative issues of anxiety and depression, it was reported. The applicant was on OxyContin, Norco, Flector, Lidoderm patches, Cymbalta, and MiraLax, it was stated. Urine drug testing was sought. Multiple medications were renewed. The attending provider stated that OxyContin was generating some analgesia here. The attending provider did not clearly report the applicants work status, although it did not appear that the applicant was working. The attending provider acknowledged that the applicant was using a cane to move about. The attending provider

acknowledged that the applicant was resting or reclined 50% to 75% of the day. The attending provider suggested that, at times, the applicant was bedridden secondary to pain and she was not up and out of the bed on a daily basis. MiraLax was being employed for opioid-induced constipation, it was reported. In a Medical-Legal Evaluation dated April 20, 2015, it was acknowledged that the applicant had undergone multiple failed foot and ankle surgeries. The applicant had also received a lumbar epidural steroid injection. The applicant was under significant financial concerns, it was reported. The applicant was on Cymbalta, Flexeril, Desyrel, Norco, MiraLax, OxyContin, Synthroid, Pepcid, iron, Flector, Lidoderm, and OxyContin, it was reported. The applicant was in the process of filing for bankruptcy, it was reported. The applicant had not worked since the date of injury, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax oral powder #1 (unspecified) x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Yes, the request for MiraLax, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in individuals using opioid agents. Here, the applicant was, in fact, using a variety of opioids, including Norco and OxyContin. The applicant had experienced actual symptoms of constipation in conjunction with the same; it was reported on June 9, 2015. Usage of MiraLax was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.

Lidoderm 5% patch #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lidoderm patches.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Lidocaine; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: Conversely, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an

attending provider should incorporate some discussion of "efficacy of medication" into its choice of recommendations. Here, however, the applicant remained off of work; it was acknowledged above, despite ongoing Lidoderm patches. Ongoing usage of topical Lidoderm failed to curtail the applicant's benefits on opioid agents such as Norco and/or OxyContin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Flector 1.3% patch #60 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector patch.

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

Decision rationale: The request for topical Flector patches was likewise not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical Diclofenac/Voltaren, i.e., a topical NSAID. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical NSAIDs are "not recommended" in the treatment of neuropathic pain as there is no evidence to support their usage in the same. Here, the applicant was given a presumptive diagnosis of complex regional pain syndrome on June 9, 2015. Complex regional pain syndrome is a diagnosis of neuropathic pain for which topical NSAIDs such as Flector are not recommended, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, the medical-legal evaluator reported in mid-2015. While the prescribing provider stated that the applicant's medications were beneficial on a progress note of June 9, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's commentary on June 9, 2015 to the effect that the applicant was having difficulty performing activities of daily living such as lifting, sitting, bending, standing, twisting, walking, etc. Therefore, the request was not medically necessary.

Oxycontin 15mg T12A #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Oxycontin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, the medical-legal evaluator reported in mid-2015. While the prescribing provider stated that the applicant's medications were beneficial on a progress note of June 9, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's commentary on June 9, 2015 to the effect that the applicant was having difficulty performing activities of daily living such as lifting, sitting, bending, standing, twisting, walking, etc. Therefore, the request was not medically necessary.

UDS (Urine drug screen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of UDS.

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) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Finally, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using urine drug screen to assess for the presence or absence of illegal drugs in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for and why, and attempt to categorize the applicants in a higher-or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not stated when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing testing. There is no mention whether the applicant was a higher- or a lower- risk candidate for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.