

Case Number:	CM15-0170083		
Date Assigned:	09/10/2015	Date of Injury:	11/17/2003
Decision Date:	10/27/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/28/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 45 year old female, who sustained an industrial injury on 11-17-2003. The injured worker was diagnosed as having post-laminectomy syndrome and lumbar radiculopathy. Treatment to date has included spinal surgery and medications. Currently (7-16-2015), the injured worker complains of pain in her bilateral lower extremities, worse on left, and some pain over her left sacroiliac joint. Pain was not rated. It was documented that she was doing better with Opana ER 5mg, and occasional use of Motrin and Flexeril. She did not want "DC Stim", as suggested. Objective findings only included occasional ambulation with a cane, doing well on Opana, and continued numbness in the anterior leg. Current medications were documented as Motrin, Protonix, Cymbalta, Flexeril, Ibuprofen, Senna S, and MS Contin. Urine toxicology was not noted. The treatment plan included refill of Opana ER, Lidoderm patches (unspecified), Flexeril, Omeprazole (unspecified), Cymbalta, and Motrin. Subjective complaints and objective findings were consistent since at least 2-25-2015, including medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain". MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day between Opana and MS Contin prescriptions. Therefore, based on the submitted medical documentation, the request for opana ER 5mg is not medically necessary.

Flexeril 5mg #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence". This patient has been diagnosed with chronic back pain of the spine status post spinal surgery with residual radiculopathy. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine (flexeril) is not medically necessary.

Omeprazole, dose and quantity not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a proton pump inhibitor prescription for this patient. The clinical records submitted do not support prescription of a recommended dose or frequency for use of this medication. The California MTUS guidelines address the topic of prescriptions. Per the guidelines, "There will be a limited of number of medications and dose of specific medications". The requested omeprazole prescription does not have a quantity, dose or dispensing instructions provided. Therefore, based on the submitted medical documentation, the request for omeprazole prescription is not medically necessary.

Lidoderm patch, quantity not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Lidoderm patch prescription. In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, MTUS states that prescription requests should have a specified quantity and dose. The requested prescription does not indicate a quantity. Therefore, based on the submitted medical documentation, the request for Lidoderm patch prescription is not medically necessary.