

Case Number:	CM15-0092119		
Date Assigned:	05/18/2015	Date of Injury:	02/01/1996
Decision Date:	07/08/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/13/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 60 year old, male who sustained a work related injury on 2/1/96. The diagnoses have included lumbago, lumbar degenerative disc disease, bulging lumbar disc, post laminectomy syndrome, sciatica and muscle spasm. Treatments have included medications, Lidoderm patches, massage therapy, ice/heat therapy, rest, home exercise, lumbar epidural steroid injections, and lumbar surgery in 1980. In the Pain Management Center note dated 4/29/15, the injured worker complains of a flare-up of his low back pain with radiculitis down left leg over the past two weeks after left leg gave out causing him to fall. He rates his pain level a 7/10 with medications which is up over his normal level of 5/10 with use of medications. He has decreased range of motion in low back due to pain. He has positive straight leg raises with both legs. He has great difficulty with ambulation and transfers. Right leg strength is 4+/5 and left leg strength is [REDACTED]. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #360: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, pain, opioids.

Decision rationale: ODG guidelines support opioids with: 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; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, pain, opioids.

Decision rationale: ODG guidelines support opioids with: 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; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not medically necessary.

Relafen 750mg #60 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 67.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of relafen for the insured as there is no indication of objective benefit in function. Therefore the request is not medically necessary.

Lidoderm patch 5% #90 with two refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, pain, lidoderm.

Decision rationale: The medical records do not report a neuropathic pain condition with previous trial of any TCA and anticonvulsant. The medical records do not demonstrate topical allodynia or indicate a condition such as post herpetic neuralgia for which lidoderm is medically indicated. ODG guidelines support the use of lidoderm for neuropathic pain that has failed treatment with initial first line therapies. As such the medical records do not support use of lidoderm patch to treat the insured. Therefore the request is not medically necessary.

Valium 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, pain, benzodiazepines.

Decision rationale: The medical records provided for review do not indicate a condition for long term management with valium. There is no indication of anxiety state. ODG supports that valium is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. As such the medical records do not support the use of valium. Therefore the request is not medically necessary.