MAXIMUS Federal Services

Case Number:	CM15-0093763		
Date Assigned:	05/20/2015	Date of Injury:	11/04/2008
Decision Date:	06/25/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/15/2015

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 28-year-old who has filed a claim for chronic mid and low back pain with derivative complaints of insomnia reportedly associated with an industrial injury of November 4, 2008. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve requests for Lidoderm patches, Lunesta, and oxycodone. The claims administrator referenced a March 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a RFA form of March 4, 2015, Lidoderm, Lunesta, and oxycodone were endorsed. In an associated progress note of the same date, March 4, 2015, the applicant reported 9/10 pain without medications versus 3/10 pain with medications. The applicant was using Lidoderm and Lunesta, it was stated in one section of the note. At the bottom of the note, the attending provider stated that the applicant will continue Lidoderm, Lunesta, and oxycodone. The applicant's work status was not clearly detailed. While the attending provider stated that the applicant's medications are beneficial, the attending provider failed to identify specific functionalities ameliorated as a result of ongoing medication consumption. On January 13, 2015, the applicant reported ongoing complaints of mid back pain with derivative complaints of insomnia. 4/10 pain with medications versus 9/10 pain without medications was reported. Diclofenac, Lidoderm patches, Lunesta, and oxycodone were all prescribed and/or continued. Once again, the applicant's work status was not furnished. In a Medical-legal Evaluation dated September 20, 2011, it was stated that the applicant was not working on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60 x 1 refill: Upheld

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

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

Decision rationale: No, the request for 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, here, however, there was no mention of the applicant's having tried and/or failed antidepressants adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.

Lunesta 2mg one (1) QHS #30 x 1 refill: 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), Eszopicione (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: Similarly, the request for Lunesta, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopicolone topic notes that Lunesta is not recommended for long-term use but, rather, should be reserved for short-term use purposes. Here, however, the applicant had been using Lunesta for a minimum of several months as of the date of the request. Continued usage of the same, thus, ran counter to ODG principles and parameters. The attending provider failed to furnish a compelling rationale for continued usage of the same in the clinical context present here. Therefore, the request was not medically necessary.

Oxycodone 10mg one (1) QID #120: 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: Finally, the request for oxycodone, a short-acting opioid, was 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 did not appear to be working, per a historical Medical-legal Evaluation referenced above. The applicant is prescribing physician, moreover, failed to outline the applicant's work status on numerous office visits, referenced above. While the prescribing provider did outline some decrements in pain reportedly effected as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status and concomitant failure to identify meaningful, material improvements in function effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.