

Case Number:	CM14-0173200		
Date Assigned:	10/24/2014	Date of Injury:	11/04/2008
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 27-year-old female who has a date of injury of 11/4/2008. She was working as a mental health instructional aide and was escorting a child to a "quiet room" when he "jumped on her." She developed pain starting in the lower cervical spine that spread to the mid back. This pain radiated into the left upper extremity with associated numbness in the 5th digit. Prior treatment interventions have mostly been conservative consisting of NSAIDS (Nonsteroidal Anti-inflammatories,) narcotics, muscle relaxants, physical therapy, chiropractor treatments, acupuncture, and one unsuccessful epidural steroid injection. A Neurosurgical specialist saw her in 4/2014, and he stated that she had no MRI findings that warranted surgical intervention. Treating diagnoses include: chronic pain syndrome, insomnia, myalgia and myositis, thoracic sprain and strain, cervical radiculopathy, and cervical degenerative joint disorder. This patient has a pain management contract with her treating physician and results of urine drug screens are provided. The utilization review physician did not certify 6 psychology visits, Lidoderm patches, Diclofenac, Oxycodone, and Lunesta. The primary requesting physician did write an appeal letter that was carefully reviewed and appreciated. It did add additional insights into his treatment decisions regarding this patient's case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain medications Page(s): 114-125.

Decision rationale: In accordance with California MTUS guidelines, chronic opiates should be continued if there is decreased pain and increased functional improvement, and the patient has been able to return to work. MTUS guidelines also support continued prescription if the patient has a pain management contract and has no evidence of aberrant behavior. This patient's case satisfies all of these criteria. Likewise, the request for Oxycodone is considered medically necessary.

Continued care with [REDACTED], six visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines weaning opiate pain medications Page(s): 158.

Decision rationale: MTUS Guidelines supports psychological treatment as part of a multidisciplinary pain treatment plan. It is also noted in the documentation that this patient desires to not be on opiates for the rest of her life. The physician who is most familiar with her case has deemed the proposed six Psychology visits a necessary part of her treatment plan. It is stated that these psychology visits will help determine if she would be a good candidate for the Functional Restoration Program. MTUS guidelines also state that opioid weaning should include "the following: (a) Start with a complete evaluation of treatment, comorbidity, psychological condition." The patient does not yet appear ready from the documentation to start opiate weaning, but she may be in the near future as she has expressed an interest. These requested psychological visits will likely prove beneficial to her treatment plan and are medically necessary.

Diclofenac Sodium 100 mg ER twice a day # 60 with one 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 102, 105.

Decision rationale: In accordance with MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain. "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer

effects than muscle relaxants and narcotic analgesics." This patient has been on NSAIDS chronically for the treatment of her chronic pain, which the guidelines do not support. In the primary care physician's appeal letter regarding this determination for Diclofenac, it seems as if his thought might have been cut off because there is nothing after "that tablets being used..." While his assertion is noted that shorter acting NSAIDs have caused this patient gastritis symptoms, this still does not override the MTUS stance (that is stated repetitively in the guidelines) that NSAIDS should not be prescribed chronically. Likewise, without a more compelling reason for an exception, this request for Diclofenac must be considered not medically necessary.

Lidoderm 5% (700mcg /patch) one patch, twice a day when necessary # 60 with five refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: 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 (Antiepileptic drug) such as gabapentin or Lyrica" as first line treatments. Documentation shows that this patient was tried on Gabapentin. Specifically, the requesting physician's appeal states, "We have tried multiple antidepressants and anticonvulsants in the standard array of anti-neuropathic pain medicines." Likewise, this patient's case satisfies MTUS guidelines for the prescription of Lidoderm Patches. The Lidoderm patches are considered medically necessary.

Lunesta 2mg one at bed time # 30 one refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28;47(1203)17-9

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lunesta.

Decision rationale: California MTUS guidelines are silent on the topic of sleep aids. Likewise, the ODG has been consulted. The ODG states, "Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days." Documentation states that the patient has found Lunesta helpful in improving sleep and function. Likewise, this request for Lunesta is found medically necessary.