

Case Number:	CM14-0052874		
Date Assigned:	07/07/2014	Date of Injury:	06/20/2002
Decision Date:	08/13/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 58-year-old male with a reported date of injury on 06/20/2002. The mechanism of injury was not submitted within the medical record. His diagnoses were noted to include chronic pain syndrome, lumbago, adjustment disorder with mixed anxiety and depressed mood, lumbosacral spondylosis without myelopathy, postlaminectomy syndrome to the lumbar region, meralgia paresthetica, and postlaminectomy syndrome to the cervical region. His previous treatments were noted to include surgery, medications, physical therapy, chiropractic care, injections, and psychotherapy. The progress note dated 06/17/2014 revealed the injured worker indicated his pain was worse and the functionality was worse, as well as the sleep pattern. His medications were listed as omeprazole 20 mg once a day, Motrin 600 mg one 3 times a day, methadone 10 mg 1 every 8 hours for pain, lidocaine patch every 12 hours, trazodone 50 mg 1 at bedtime. Physical examination to the spine noted flattening of lumbar lordosis, midline well healed scar, and paraspinous muscle spasm limiting range of motion, positive straight leg raise bilaterally, and facet tenderness was diffusely tender bilaterally, facet loading test positive bilaterally, and spine extension was restricted and painful. The neurological examination was normal bilaterally, as well as the motor strength testing. The Request for Authorization form dated 06/17/2014 was for methadone 10 mg, omeprazole 20 mg, Lidoderm patch 5%, and ibuprofen 600 mg; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms and cardiovascular risk. Page(s): 68.

Decision rationale: The request for omeprazole 20 mg #30 with 2 refills is not medically necessary. The Chronic Pain Medical Treatment Guidelines state the clinician should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroid and/or an anticoagulant or a high dose/multiple NSAIDs. There is lack of documentation regarding the injured worker is at risk for gastrointestinal events to warrant omeprazole. The request for Motrin has been non-certified to which this medication was used prophylactically. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Motrin 600 mg #90 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 127-128.

Decision rationale: The request for Motrin 600 mg #90 with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 10/2013. The Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain in regards to osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. There is no evidence to recommend one drug in this class over another based on efficacy. The guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend, as an option for short term symptomatic relief, to use NSAIDs for chronic low back pain. There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) and with neuropathic pain. There is lack of documentation regarding the efficacy of this medication and improved function. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Methadone 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

Decision rationale: The request for methadone 10 mg #90 is not medically necessary. The injured worker has been utilizing this medication since at least 02/2013. According to the Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be address. There is lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications, improved functional status, and side effects; and it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence regarding significant pain relief, increased functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. The guidelines recommend 100 morphine equivalent doses per day and the current use of methadone is 240 med, which exceeds guideline recommendations. Additionally, the request failed to provide the frequency at which the medication is to be utilized.

Lidoderm patch 5% #90 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Lidoderm patch 5% #90 with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 03/2013. The Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compound or product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state lidocaine is indicated for localized peripheral pain after there has been evidence of first line trial (tricyclic or SNRI antidepressants or an AED, such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. There is lack of documentation regarding the efficacy of this medication and improved function. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.