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Notice of Independent Review Decision

February 25, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Percocet 10/325 x180, Lidoderm patch x 60 with 1 refill

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Diplomate, American Board of Physical Medicine and Rehabilitation and Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Utilization reviews (01/08/14, 01/29/14)
- Letter (02/03/14)
- Office visits (11/23/13 -01/23/14)
- Utilization reviews (01/08/14, 01/29/14)

ODG criteria has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx. She had chronic low back pain and radicular pain.

2013: On November 14, 2013, the patient was evaluated. The patient reported that she had had significant relief of her low back pain with radicular symptoms. She had L4-L5 epidural steroid injection (ESI) on November 1, 2013, and had 45-

70% relief lasting her to that day visit. She was very pleased with the results for her injections. She stated that her activity level had increased as well. The patient was utilizing her medications on a daily basis. She reported that the compound cream decreased her pain significantly. She was utilizing Percocet, Lidoderm patch and Cymbalta. History was positive for low back pain, arthritis, anxiety and hypertension. Review of system was positive for fatigue/weakness and sleep disorder. Examination of the lumbar spine showed L5-S1 tenderness, decreased ROM and positive sitting straight leg raise (SLR) bilaterally. Diagnoses were myofascial pain, elsewhere; lower back myofascial pain and lumbosacral radiculitis. opined that medication management was indicated because the patient's pain would not be adequately controlled without the continued use of pain medications and/or adjuvants. prescribed Percocet, Cymbalta and Lidoderm and recommended considering repeat ESI.

On December 23, 2013, noted that the patient continued to have low back pain with radicular symptoms. Her low back had been improved since her last lumbar ESI. The patient reported that the medication was working well in controlling her pain. It also helped her maintain functionality. Medications from other providers included oxycodone, Flexeril, Cymbalta, Lidoderm, clonazepam, lisinopril, atenolol, meloxicam and pravastatin. Examination of lumbar spine showed L5-S1 tenderness, forward flexion to 30 degrees, hyperextension to 15 degrees and positive sitting SLR. Diagnoses were myofascial pain-elsewhere, myofascial pain in the lower back, thoracic spine pain, and lumbosacral radiculitis. prescribed Percocet, Cymbalta and Lidoderm 5% patches.

2014: Per utilization review dated January 8, 2014, the request for Cymbalta, Percocet and Lidoderm 5% patches was denied with the following rationale: *"The claimant is a female with lumbar radiculopathy. ESIs (epidural steroid injection) reportedly help but the claimant remains on Percocet 4/day, Cymbalta, Flexeril, Mobic, Lidoderm. The notes state she is getting medications from another provider as well. There are no UDS (urine drug screen) documented. Percocet 10/325 x 180 is not medically necessary. The claimant is taking 4/day so #180 would exceed this per month. There are no UDS to verify use. The claimant recently had an ESI with benefit so the use of this medication should be greatly reduced and she would not need #180. The long-term use of opiates is not supported due to tolerance and side effect issues. The note state the claimant is getting this from another provider as well and that needs to be clarified as this would be against an opiate agreement contract. Cymbalta 60 mg x 60 with 1 refill is medically necessary. This is a first line medication for neuropathic pain and the depression associated with chronic pain. Lidoderm patch x 60 with 1 refill is not medically necessary. This is being used off label. There is no indication the claimant failed a TCA, AED, or SNRI to meet ODG criteria for this; therefore, Lidoderm patch x 60 with 1 refill is not medically necessary."*

Per a letter dated January 8, 2014, it was noted that the patient had received opioids for a work related condition for greater than two weeks. She was prescribed oxycodone, Duloxetine and Lidocaine 5% patch. Per ODG, studies had shown that use of opioids did not allow patient to return to work any faster

than with the use of non-steroidal anti-inflammatories (NSAIDs) or acetaminophen. had requested opioids risk assessment score, opioids contract (should not be older than six months), UDS (last September 3, 2013, consistent), opioid progress report and recent office visit note.

In a response letter dated January 8, 2014, reported that the patient would need continuous use of opioid and the weaning would be tried. A urine drug had been performed. An opioid risk assessment has not been completed.

Per an opioid progress report dated January 23, 2014, the patient had average pain rating of 8/10. She had 7/10 pain on sitting, standing, walking and climbing stairs during the previous week and 8/10 pain with overhead reaching and squatting or kneeling. There was no concern or side-effects about opioid use. continued to prescribe opioid and monitor. A signed opioid contract was submitted for review.

Per reconsideration review dated January 29, 2014, the request for refill of Percocet and Lidoderm patch was denied with the following rationale: *"The claimant is a female who sustained an injury on xx/xx/xx. The claimant was followed for chronic low back and radicular pain. Current medications included Percocet 10/325 mg, Cymbalta 60 mg, and Lidoderm patches 5% 1-2 used every 12 hours. The claimant had a recent opioid contract signed in January of 2014, and the most recent opioid risk assessment from January 23, 2014, showed low risk for opioid misuse. The claimant had recent epidural steroid injections in November of 2013 which were reported as beneficial. The clinical record from December 23, 2013, stated that the medications were controlling pain. Current pain score was 4/10 on VAS. Physical examination demonstrated loss of lumbar range of motion with tenderness to palpation at L5-S1. The claimant was recommended to continue medications at this visit. Percocet 10/325 x 180 is not medically necessary. Based on the clinical documentation submitted for review there is no clear evidence supporting that the claimant has had any ongoing functional improvement with the use of narcotic medications. Physical examination findings remained unchanged and it appears that functional improvements were recently obtained from epidural steroid injections. There is also no documentation regarding recent compliance measures such as toxicology results confirming consistent use of this medication. It is also noted the claimant was instructed to utilize Percocet every six hours as needed or up to four times daily at maximum. The 180 tablets requested would exceed this level of prescription, as the claimant would be left with a surplus amount of medication every month. As the clinical documentation submitted for review does not specifically address functional improvement and there are no compliance measures documented, this reviewer would not recommend certification for this medication at this time. While the requested medication does not meet medical necessity based on information presented it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation. A weaning period would be appropriate for this medication per current evidence based guideline recommendations and would include a taper of 20 to 50% per week of original dose or a slower suggested taper of 10% every 2 to 4 weeks,*

slowing to a reduction of 5% once a dose of 1/3 of the initial dose is reached. Lidoderm patch x 60 with 1 refill is not medically necessary. The clinical documentation submitted for review does not specifically identify functional improvement obtained with Lidoderm patches. Furthermore, there is no indication that the claimant has failed first line medications for neuropathic pain including anticonvulsant medications such as gabapentin or Lyrica. As the clinical documentation submitted for review does not meet guideline recommendations regarding this medication, this reviewer would not recommend certification at this time.”

Per a letter dated February 3, 2014, requested the review board to review the patient's past medical records. noted that the pain level was well controlled with the current medications regimen and the patient had been using Percocet and lidoderm patch for many years. There was no increase in the daily amount. The patient had been compliant with the opioid contract and had tried PT, injections and massage therapy. felt that the patient had tolerated the medications well and given the circumstances, she should continue taking them under doctor's supervision.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Agree with reviewers findings above which are supported by the ODG and generally accepted pain management guidelines including periodic monitoring with toxicology and the Prescription Access Texas Online Program

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**