MAXIMUS Federal Services

Case Number:	CM13-0011017		
Date Assigned:	03/10/2014	Date of Injury:	01/15/2002
Decision Date:	05/14/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/14/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This is a 74 year-old male who was injured on 1/15/2002.The information provided for this IMR is a mixed file with at least 2 different patients. This patient has been diagnosed with chronic intractable low back pain with spondylolysis at L5 with spondylolithesis; spinal canal stenosis at L3/4 and L5/S1 from DDD; repeated denials fo treatment for his symptoms; disabled; functional impairment due to chonic pain. According to the 7/31/13 report, the patient was offered surgery, and the surgery was authorized, but the patient declines the procedure. His pain was 8/10. The 6/6/13 report states the morphine was not providing unsatifactory analgesia.he was getting Morphine, but not the name brand Kadian. The pain was 7/10. The 8/13/13 report states the patient has not had medicines since April 2011, pain was at 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SURGICAL EVALUATION-MONITOR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 305-306.

Decision rationale: The Expert Reviewer's decision rationale: According to the 7/31/13 report, the patient presents with low back pain. He had authorization for a lumbar surgery, but declined. He has declined epidural injections in the past. The need for the surgical monitoring is not necessary if the patient does not wish to have the surgery. The physician may want to resubmit the request to UR if the patient changes his mind on surgical intervention, but at this time, it does not appear necessary.

KADIAN 30MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The Expert Reviewer's decision rationale: This is a difficult situation, The patient is reported to have pain, and dispite using Morphine/Kadian, has not shown any decrease in pain, improved function or improved quality of life. MTUS states:" When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The physician has not stated that the medication helped with the pain, and only reports it provides unsatisfactory analgesia. MTUS guidelines do not recommend continuing treatment that does not produce a satifactory response. MTUS states if the response is unsatisfactory, the physician should consider using a different treatment. MTUS states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. " The reporting does not show a satisfactory response, and continuing the treatment is not in accordance with MTUS guidelines.

LYRICA 75MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

Decision rationale: The Expert Reviewer's decision rationale: The patient has a chronic pain syndrome with a surgical lower back condition, but he declines surgical intervention. The 7/31/13 report states the Lyrical and Flector patches were denied by UR, and the 6/6/13 report states the same, and notes that he only gets the Morphine, as does the 5/14/13 report. The 4/15/13 report states the patient had been on Lyrica for 2-years that helped the calms the pain down the legs, but that it was denied. The MTUS guidelines states Lyrica is recommended for neuropathic pain. It appears that if it helped reduce the patient's radicular leg pain, it would meet the MTUS criteria. The physician will need to report on efficacy to continue prescribing it.

FLECTOR PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with low back pain. I have been asked to review for Flector patches, a topical NSAID. MTUS guidelines states topical NSAIDS are for: Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment:" MTUS states these are not recommended for neuropathic pain, and MTUS specifically states: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder" The use of Flector patches over the spine is not in accordance with MTUS guidelines