

<b>Case Number:</b>	CM13-0020118		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	04/12/2000
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Neurological Surgery 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:

The injured employee is a 58-year-old gentleman who states that he sustained a work-related injury on April 12, 2000. The specific mechanism of injury was not stated. The injured employee was seen most recently on August 19, 201, and complained of neck pain, shoulder pain, low back pain and hip pain. The physical examination of this 66 inch tall 180 pound male noted moderate tenderness along the paracervical muscles and decreased cervical range of motion. There was a solid, hard area of swelling over the right lower paracervical and trapezius regions. There was diffuse tenderness over the thoracic spine and a moderate to severe tenderness to the lower lumbar spine and SI joints. There was pain with lumbar extension and flexion, a positive straight leg raise at 45 bilaterally, generalized weakness was noted in both the upper and lower extremities, and decreased sensation in the bilateral lower extremities and left upper extremity. There was a diagnoses of failed back surgery syndrome, lumbar radiculopathy, facet arthropathy, sacroiliac joint dysfunction, cervical radiculopathy, thoracic outlet syndrome, status post thoracic outlet syndrome surgery with rib resection and depression. Medications prescribed were Methadone, Fentanyl patch, Lidoderm and Baclofen. Continuation with a home exercise program was recommended. A utilization management report, dated August 29, 2013, did not medically necessitate a request for Lidoderm patches, Baclofen, Fentanyl patches or Methadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5% PATCH # 60 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62-68, 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend Lidoderm patches for localized peripheral pain of neuropathic origin after a trial of first line medications such as antidepressants or anti-epilepsy drugs. There is no mention in the attached medical record that the injured employee has failed to improve with these first-line agents nor does the attached medical record contain any documentation that the injured employee benefited from the specific medication in the past. Without having first tried these first line medications or documented relief with prior usage, this request for Lidoderm patches cannot be supported. Therefore, the request for Lidoderm 5% patch # 60 with one refill is not medically necessary and appropriate.

**BACLOFEN 10 MG # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of patients with low back pain. However, Baclofen is only recommended for spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. As the injured employee has not been diagnosed with these conditions, this request for Baclofen cannot be supported. Therefore, the request for Baclofen 10 mg # 90 is not medically necessary and appropriate.

**FENTANYL PATCH 75 MCG. # 15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 44.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, Fentanyl patches are a transdermal opioid agent indicated for the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There is no notation in the attached medical record that the injured employee's pain cannot be managed by first-line agents. There is also concern that a urine drug screen found the injured employee testing positive for ecstasy, which is a concern that he may also abuse narcotic medications.

Therefore, the request for Fentanyl Patch 75 MCG # 15 is not medically necessary and appropriate.

**METHADONE HCL 10 MG. # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 26.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, Methadone is recommended as a treatment for opiate addiction as well as an option for treating chronic pain after detoxification in patients who have a history of opioid addiction. While there is concern that the injured employee may be abusing medications due to an abnormal urine drug screen in the past, there is no documentation of a completed detoxification program for opioid addiction. Therefore, the request for Methadone HCL 10 mg # 90 is not medically necessary and appropriate.