

Case Number:	CM13-0030293		
Date Assigned:	11/27/2013	Date of Injury:	12/17/1999
Decision Date:	10/01/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/30/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 64-year-old man who sustained a work-related injury on December 17, 1999. Subsequently, he developed chronic back pain and underwent the lumbar laminectomy and discectomy at L4-L5 and L5-S1. According to a progress report dated on May 23, 2013, the patient was complaining of low back pain radiating to both lower extremities. The pain is exacerbated by activity. He was also complaining of right elbow and right ankle pain. His pain severity was rated between 7/10 and 10/10. He was treated with Vicodin, Norco and Lidoderm patch. His physical examination demonstrated the neck and the patient was using a cane to ambulate, lumbar tenderness with reduced range of motion, mild lower extremity weakness, hypoesthesia in the left L5-S1 dermatoma. The patient was diagnosed with the residual low back pain after surgery, left lower extremity radiculopathy, cervical spine strain and multilevel cervical degeneration. According to a progress report dated on April 16, 2014, the patient was complaining of low back pain radiating to both lower extremities. He was on Norco, Percocet and Lidoderm patch. Previously he was treated with Fentanyl patch, Lyrica, Neurontin and Nucynta without efficacy. His physical examination was unchanged. Similar findings were reported in and no dated on June 6, 2014. The provider requested authorization to use Fentanyl patch and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mg/hr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

Decision rationale: According to the MTUS Chronic Pain Guidelines, "Duragesic (Fentanyl transdermal system). Not recommended as a first-line therapy. Duragesic is the trade name of a Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED]. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." In this case, the patient continued to have pain despite the use of high doses of opioids. The patient previously used Fentanyl without success. There is no documentation of continuous monitoring of adverse reactions and of the patient's compliance with her medication. In addition, there is no documentation that the patient developed tolerance to opioids or need continuous around the clock opioid administration. Therefore, the prescription of Fentanyl 50mg/hr is not medically necessary.

Lidoderm 5% patches: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. According to the patient file, there is no documentation of failure of first line therapies. There is no documentation of neuropathic pain in this case. Therefore the prescription of Lidoderm patches is not medically necessary.