

Case Number:	CM13-0036963		
Date Assigned:	12/13/2013	Date of Injury:	09/30/1998
Decision Date:	02/19/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 female who reported an injury on 9/30/98. The patient has had ongoing treatment for increased tightness and pain in the neck muscles. She also complains of low back pain that is constant and achy. Her pain level is stated to be 4-5/10, with medications of Kadian and Norco 3-4 times daily. She was able to complete activities of daily living, shopping, and socializing with medications. Without medications, her pain has been described as an 8/10 with limited function. The patient has undergone detox treatment several times due to narcotic pain medication. She has also been provided treatment for psych problems and hypertension. The patient has been treated for low back, shoulder, psych, stress, and hypertension under a separate claim. An agreed medical examiner (AME) determined that she is entitled to psychiatric treatment; however, she has never sought treatment with a psychiatric provider. The patient was approved for participation in the HELP pain program for the winter of 2012, but initially declined to accept. Now she is awaiting approval for the program. The patient was most recently seen on 11/15/13, and was frustrated by needing to wean off opiate analgesics, since she has chronic intractable pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Kadian 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The California MTUS states that Kadian is a brand of morphine sulphate. Because morphine is considered an opiate, the opiate section has been referred to in this case. Under the Tolerance and Addiction heading, it states that opioid tolerance develops with the repeated use of opioids. It also brings about the need to increase the dose, which may lead to sensitization. It is clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. Furthermore, it states that patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in pain pattern, or persistent pain at higher levels than expected. In the case of this patient, it has been noted that she has had an ongoing issue with weaning from her opioid medications, including Kadian and Norco. However, the documentation also notes that the patient has not had a significant decrease in her pain level with the use of her medications. Her pain level has remained the same throughout the past few months, and as noted by the guidelines, a patient may start developing sensitization and tolerance with the continued use of opioids. The documentation states that the patient has previously been recommended for weaning off her opioids. Furthermore, it states in the progress report dated 11/15/13 that the Kadian was discontinued. Therefore it is unclear as to why it is continuing to be requested. As such, the requested service is non-certified.

120 tablets of Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: According to the California MTUS, Percocet is an opioid composed of Oxycodone and acetaminophen. The patient has been taking multiple different opioids for the treatment of her ongoing chronic pain due to her industrial injury from 9/30/98. The documentation states that previous attempts have been made to wean the patient off her opioid medications, which has produced very little results to date. The documentation dated 11/15/13 noted that the treatment plan included discontinuing Kadian and the Lidoderm patches. However, as those medications are both being requested again, it is unclear as to why the physician is adding another opioid on top of this. The patient was previously approved for a modified version of the request for Percocet 10/325mg, to allow her a one month supply for weaning purposes at the treating physician's discretion. However, the same request is being submitted again with no significant change in the patient's pathology to warrant the continuation of its use. Therefore, at this time, the medical necessity for the continuation of Percocet cannot be established. As such, the requested service is noncertified.

90 Lidoderm patches 5%: Upheld

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

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

Decision rationale: The California MTUS states that Lidoderm is a topical medication that may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as Gabapentin or Lyrica). It further states that this is not a first-line treatment and is only FDA-approved for postherpetic neuralgia. In the case of this patient, there is no documentation indicating that this patient has any form of localized peripheral pain for which this medication would be indicated. Furthermore, topical analgesics are large experimental and used with few randomized control trials to determine their efficacy or safety. Therefore, without having sufficient evidence that this medication has provided the patient with a significant reduction in her overall pain, the medical necessity for the continuation of its use cannot be established at this time. As such, the requested service is noncertified.

60 Flector patches 1.3%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS states that the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Flector patches include the ingredient Diclofenac, otherwise known as Voltaren gel. Although the patient has had ongoing chronic pain in various regions of her body, Flector patches are indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (i.e. ankle, elbow, foot, hand, knee, and wrist). Furthermore, under the Official Disability Guidelines, it states that Diclofenac is not recommended as a first-line treatment due to an increased risk profile. A large systematic review of available evidence on NSAIDS confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did Rofecoxib (Vioxx), which was taken off the market. Therefore, the medical recommendation by the Official Disability Guidelines and with the lack of sufficient information pertaining to the efficacy of this medication towards reducing the patient's pain, the medical necessity for the ongoing use of Flector patches cannot be established at this time. As such, the requested service is noncertified.