

<b>Case Number:</b>	CM13-0040756		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	12/27/2004
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 56-year-old woman who sustained a work-related injury on June December 27, 2004. Subsequently, she developed low back and neck pain. The progress report dated on March 3, 2014 stated that the patient continues to complain of low back pain with pain more at the left side of the low back, which goes down the left lower extremity to the knee. She also has more neck pain that in fact has triggered headaches. She is unsure if the changing weather caused this but feels it may be more positional as she is waking with pain. Her physical examination is within normal limits. The patient was diagnosed with lumbar degenerative disc disease, cervical DDD, migraine headaches, and medical co morbidities. The provider requested authorization for Lidoderm, Dilaudid, and retrospective UDS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LIDODERM 5% PATCHES QUANTITY 30: 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 MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin). In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy and the need for Lidoderm patch is unclear. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.

**DILAUDID 2 MG QUANTITY 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179..

**Decision rationale:** According to MTUS guidelines, Dilaudid is a short acting opioids is seen an effective medication to control pain. Hydromorphone (Dilaudid; generic available): 2mg, 4mg, 8mg. Side Effects: Respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. (Product Information, Abbott Labs 2006) Analgesic dose: Usual starting dose is 2mg to 4mg PO every 4 to 6 hours. A gradual increase may be required, if tolerance develops. According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Based on the patient's records, there is no clear documentation of the functional improvement with the use Dilaudid. Furthermore, continuous use of narcotic is not recommended for headaches. Therefore, the prescription of Dilaudid 2mg is not medically necessary.

**RETROSPECTIVE URINE DRUG SCREEN FOR DATE OF SERVICE 10/09/2013:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78;94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient is taking or abusing illicit drugs. There is no documentation of the results of previous USD. Therefore, retrospective urine drug screen for date of service 10/09/2013 is not medically necessary.