

Case Number:	CM14-0003242		
Date Assigned:	01/31/2014	Date of Injury:	01/15/1997
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 worker is a 55 year old female who reported an injury of unknown mechanism on 01/15/1997. The clinical notes dated 10/09/2013, noted the injured worker complained of continued neck pain from the bilateral occiput to T1, gastritis, and constipation. It was documented that the injured worker found MS Contin, and Norco 2 tablets per day and Lidoderm to be helpful. She rated her pain level at 9/10 without pain medications and 0-4/10 with pain medications. The injured workers prescribed medication regimen included Actiq blister packs, Actos tablets, Januvia tablets, Lidoderm, Maxalt mlt, MS Contin, Norco, Phenergan, Prevacid Solutab, and Skelaxin. The physical examination noted tenderness upon palpation to the bilateral spinatus capitus, bilateral trapezius, bilateral rhomboid, and tenderness with cervical rotation, extension and flexion. The diagnoses included postlaminectomy syndrome of the cervical region, chronic or unspecified gastric ulcer with perforation without obstruction and medication management. The treatment plan included continuation of Norco 10/325, Actiq, Lidoderm and a prescription for Phenergan tablets 25mg. It was annotated that the injured worker took the Actiq for severe pain to prevent emergency room visits and the opioid as needed. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERVACID 15 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Prevacid 15 mg is #30 is not medically necessary. The California MTUS guidelines state that prevacid is recommended if the injured worker is age > 65 years; has a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Within the clinical documentation provided for review the efficacy of the medication was unclear. Also, the clinical notes lacked documentation of a history of a peptic ulcer, GI bleed, or perforation. Therefore, the request for Prevacid 15mg #30 is not medically necessary.

LIDOCAINE 5% #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

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

Decision rationale: The request for Lidocaine 5% #90 is not medically necessary. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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 or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In the clinical notes provided for review, there was a lack of documentation indicating the injured worker has undergone trials of antidepressants or anticonvulsants. The injured worker was noted as stating that the Lidoderm patch helped; however, the patch was being used in conjunction with other pain medications. The efficacy of the medication was not demonstrated by quantifiable objective functional improvement upon physical examination. Furthermore, the request lacked the dosage and frequency of Lidocaine to be applied. Therefore, the request for Lidocaine 5% #90 is not medically necessary.

FENTANYL CITRATE 600MG # 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq
Page(s): 12.

Decision rationale: The request for Fentanyl Citrate 600mg #20 is not medically necessary. The California MTUS guidelines state that Fentanyl Citrate is not recommended for musculoskeletal pain. Actiq® (oral transmucosal fentanyl citrate), a fastacting highly potent "lollipop" painkiller produced by Cephalon, is indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Actiq is not for use in chronic pain and it has a Black Box warning for abuse potential. Within the clinical notes provided for review, the injured worker was documented as using Actiq (Fentanyl Citrate) when the pain was severe in order to prevent an emergency room visit. The guidelines state that Fentanyl Citrate is only recommended for the management of breakthrough cancer pain in injured workers with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying cancer pain. It did not appear the injured worker had a diagnosis which would be congruent with the guideline recommendations. The efficacy of the medication was unclear within the provided documentation. Therefore, the request for Fentanyl Citrate 600mg #20 is not medically necessary.