

Case Number:	CM14-0013360		
Date Assigned:	02/26/2014	Date of Injury:	05/22/2001
Decision Date:	07/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine 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 patient is a 65-year-old female who has filed a claim for lumbar intervertebral disc degeneration associated with an industrial injury date of May 22, 2001. Review of progress notes indicates low back pain radiating down the bilateral buttocks, with numbness in the left lower extremity up to the toes. Patient reports episodes of falling, and difficulty sleeping. Patient reports 70% pain relief and functional gain from 6 sessions of acupuncture. Findings include tenderness over the lumbosacral area. Treatment to date has included NSAIDs, opioids, aquatic therapy, acupuncture, traction, sacroiliac joint injections, and topical analgesics. Utilization review from January 24, 2014 denied the requests for Duragesic patch 25mcg #10 and Norco 10/325mg #30 as there was no documentation of urine drug tests; and Lidoderm patches and Lidocaine/Prilocaine/Lamotrigine/Meloxicam as there is no documentation of failure of first-line medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 25 MCG #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) Page(s): 44.

Decision rationale: Duragesic is at fentanyl transdermal therapeutic system. As noted on page 44 of California MTUS Chronic Pain Medical Treatment Guidelines, Duragesic is indicated in management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Patient has been on this medication since at least January 2013. Patient reports the desire to taper off the Duragesic patches dosage to 12mcg. The requested dosage is not consistent with the desired decreased dosage, and there is no documentation of failure of other means of analgesia. Therefore, the request for Duragesic patch 25mcg #10 was not medically necessary.

Norco 10/325 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least January 2013. The patient reports taking 1-2 tablets per day, which provides temporary pain relief. However, there is no documentation of decrease in pain scores or of objective functional improvements. Therefore, the request for Norco 10/325mg #30 was not medically necessary.

Lidoderm Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

Decision rationale: As stated on pages 56-57 in the California MTUS Chronic Pain Medical Treatment Guidelines, lidocaine patch may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Patient has been on this medication since at least January 2013. However, there is no documentation of trial of the first-line therapy as noted above. Also, the requested quantity is not specified. Therefore, the request for Lidoderm patches was not medically necessary.

Lidocaine/Prilocain/Lamotrigine/Meloxicam: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Antiepilepsy drugs (AEDs), Lamotrigine (Lamictal, generic available) Page(s): 20 and 111-113.

Decision rationale: As noted on page 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Lidocaine component, California MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. The only FDA-approved topical NSAID is Voltaren Gel. Lamotrigine has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and post-stroke pain. It is not recommended as a first-line treatment for neuropathic pain. There is no discussion regarding topical application of lamotrigine. Patient has been on this medication since at least January 2013. There is no documentation of intolerance to or failure of conventional pain medications. There is no discussion concerning the need for variance from the guideline. Therefore, the request for lidocaine/prilocaine/lamotrigine/meloxicam was not medically necessary.