

Case Number:	CM14-0112529		
Date Assigned:	08/01/2014	Date of Injury:	09/30/2009
Decision Date:	09/15/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 & 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 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 57-year-old male who reported an injury on 09/30/2009. The mechanism of injury was not documented in the submitted report. The injured worker has diagnoses of pain in joint, ankle, and foot bilaterally; difficulty walking; neuralgia; leg pain bilaterally; depression; and chronic insomnia. The only documented treatment of the injured worker in the past consists of surgery and medication therapy. Medications include Kadian 60 mg 1 tablet every 12 hours, Endocet 10/325 mg 1 by mouth every 4 hours, gabapentin 600 mg 2 tablets every 8 hours, Lidoderm 5% patches apply to affected area 12 hours on 12 hours off, and Voltaren 1% gel apply 3 grams to affected area 2 times a day. The injured worker underwent x-rays of bilateral ankles. It was not documented in submitted reports when these x-rays were obtained. The injured worker underwent internal fixation with plate and screws in the distal tibia and fibula with sclerosis and expansion of the bilateral ankles. The injured worker complained of pain in the knees and ankles bilaterally. The injured worker stated that there was no change in pain control since his last visit. The injured worker rated his pain at a 7/10 with medications and a 10/10 without. Physical examination dated 07/30/2014 revealed that the injured worker had swelling and stiffness in his joints. Upon examination, it was noted that the injured worker had difficulty with balance. The submitted reports lacked any indication of motor strength or range of motion. The treatment plan for the injured worker is to continue the use of his medications. The provider discontinued Effexor RX from the medication list due to the injured worker having a side effect of it making him angry. The medications to be continued are Endocet, Kadian, Voltaren 1% gel, and Lidoderm patches. The rationale for the request is for the injured worker to continue the medication only until authorization for orthopedic surgery can be obtained. The Request for Authorization form was submitted on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80 and 92.

Decision rationale: The injured worker complained of pain in the knees and ankles bilaterally. The injured worker stated that there was no change in pain control since his last visit. The injured worker rated his pain at a 7/10 with medications and a 10/10 without. The California Medical Treatment Utilization Schedule (MTUS) guidelines state there is to be 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. The submitted report dated 07/29/2014 revealed that the medications were helping with pain levels but there was no indication as to which medications were helping with what pain. There was no drug screens submitted showing that the injured worker was in compliance with the MTUS. It did reveal in the submitted report that the injured worker had no side effects to the medication. Furthermore, the injured worker's MED exceeds the recommended 120 MED. Given the above, the injured worker is not within the MTUS guidelines. The submitted request also lacked a duration and frequency of the medication. As such, the request for Endocet 10/325 is not medically necessary.

Kadian 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of pain in the knees and ankles bilaterally. The injured worker stated that there was no change in pain control since his last visit. The injured worker rated his pain at a 7/10 with medications and a 10/10 without. The injured worker complained of right knee pain. There was no measurable pain level documented in the submitted report. California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The documentation submitted for review dated 07/29/2014 indicated that the medications were helping the injured worker with their pain. However, there was no quantified information indicating which medications were helping with what.

Furthermore, there was also no submitted drug screen showing that the injured worker was in compliance with the MTUS guidelines. The injured worker's MED exceeded the recommended 120 MED. Given the above, the request for ongoing use of Kadian is not supported by the California Medical Treatment Utilization Schedule Guidelines. As such, the request is not medically necessary.

Voltaren 1% gel one tube x2: 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 Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Not recommended for the use of neuropathic pain, as there is no evidence to support use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the submitted reports, there was no documentation as to where the gel would be applied or duration. There was also a lack of quantified evidence of any range of motion, strength, and/or effectiveness of the current medication the injured worker was taking. Given the above and the evidence in the submitted reports, the use of Voltaren gel is not recommended. The efficacy is also questionable and there was no evidence of the injured worker having trialed and failed any antidepressants or anticonvulsants. Furthermore, the request did not specify a location of the medication, a dosage, or a frequency. As such, the request for Voltaren gel is not medically necessary.

Lidoderm 5% #2 boxes x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 57-58,112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical lidocaine 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. According to the MTUS guidelines, lidocaine is recommended to injured workers with diagnosis of radiculopathy.

Although the findings in the report show some evidence of neuralgia, the injured worker is concurrently using gabapentin. Furthermore, the submitted report lacked any diagnosis of radiculopathy. In addition, the request submitted did not include a dosage, frequency, or duration. As such, the request for Lidoderm 5% is not medically necessary.