

Case Number:	CM14-0173308		
Date Assigned:	10/24/2014	Date of Injury:	03/21/1993
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family 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:

This is a 63 year old female patient who sustained a work related injury on 3/21/93. Patient sustained the injury due to cumulative trauma as a result of job duties. The current diagnoses include cervical degenerative disc disease; myofascial pain syndrome; post-laminectomy syndrome of the cervical and lumbar region. Per the doctor's note dated 9/18/14, patient has complaints of neck and upper back pain that radiates down to her right shoulder and hand with numbness and tingling in hands. She had also complaints of lower back pain that radiates down the back of right leg to foot at 10/10 without medication and 5/10 with medication. Physical examination revealed positive straight leg raise bilaterally and Spurling sign, cervical spasms, tenderness on palpation and limited ROM. The medication lists include MS Contin, Percocet, Lyrica, Lidoderm patch, Aleve, Motrin and aspirin. The patient has had MRI of the cervical spine on 01/22/14 that revealed small disc osteophyte complex at C4-C5 and C5-C6 and on 06/18/12 MRI of the lumbar spine that revealed postsurgical changes, fusions at L2-L3, L3-L4, L4-L5, and L5-S1, L5-S1 foraminal narrowing, disc narrowing and dessication; X-ray of the cervical spine on 7/23/14 that revealed minimal anterolisthesis of C4 on C5 and mild disc space narrowing at C5-C6 and X-ray of the lumbar spine on 7/23/14 that revealed mild levoscoliosis, minimal retrolisthesis of L1 on L2, prior posterior fusion with laminectomies at L4, L5, and S1, with bilateral pedicle screws and rods. The patient's surgical history includes anterior and posterior fusion and revision of fusion in 2007; lumbar laminectomy in 1997 and lumbar laminectomy on 1995. Any operative/ or procedure note was not specified in the records provided. She has had a urine drug toxicology report on 2/28/14 that was consistent. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: MS Contin 30mg #90 is an opioid analgesic According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. She has had a urine drug toxicology report on 2/28/14 that was consistentWhether improvement in pain translated into objective functional improvement is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of MS Contin 30mg #90 is not established for this patient.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: Percocet 10/325mg #120 is an opioid analgesic According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A

treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. She has had a urine drug toxicology report on 2/28/14 that was consistentWhether improvement in pain translated into objective functional improvement is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10/325mg #120 is not established for this patient.

Lidoderm Patch 5% #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm (lidocaine patch) Page(s): 111-112, 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "..... primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....."According to the MTUS Chronic Pain Guidelines "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 or Lyrica). MTUS guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Per the notes, the pt has been tried on several oral medications including NSAIDS like motrin,anticonvulsants like Lyrica. Opioids are being non certified as above.She continues to have pain. She has a diagnosis of cervical degenerative disc disease; myofascial pain syndrome; post-laminectomy syndrome of the cervical and lumbar region.The patient's surgical history include anterior and posterior fusion and revision of fusion in 2007; lumbar laminectomy in 1997 and lumbar laminectomy on 1995.The medication Lidoderm Patch 5% #90 is medically necessary and appropriate.