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| Case Number: | CM14-0023345 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 10/08/2003 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Internal 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 51 year old female who was injured on 10/08/2003. Mechanism of injury is unknown. Prior treatment history has included diagnostic facet injection, facet median branch. The patient used a TENS unit which was helpful and used Ketogel and Lidoderm patch. The patient is status post lumbar fusion. The patient's medication list consists of: 1. Ketoge 2. Lidoderm 5% patch 3. Ondansetron 4. Senna 5. Erythromycin 6. Lisinopril 7. Metoprolol 8. Prilosec 20 mg. Pain Medicine Evaluation dated 01/22/2014 documented the patient with complaints of pain that radiates down bilateral upper extremities. She complains of low back pain with pain that radiates down bilateral lower extremities. She has upper extremity pain bilaterally in the arms and in the hands. She complains of abdominal pain with frequent bowel movements and urination, requesting rhizotomy. The pain is rated 6/10 in intensity with medications. Pain is rated 9/10 in intensity without medications. Pain increases with walking. The patient's pain is reported unchanged since her last visit. Butrans at 5 mcg dose is not helping. Objective findings on examination of the lumbar spine reveal a well healed surgical scar and mild severe scoliosis. There is spasm noted in the right paraspinous musculature. Tenderness was noted upon palpation bilaterally in the paravertebral area L3-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Facet signs were present bilaterally. Sensory exam is within normal limits bilaterally. Motor exam is within normal limits in bilateral lower extremities. The patient's Achilles and patellar reflexes were within normal limits bilaterally. Straight leg raise at 90 degrees in sitting position is negative bilaterally. UR report dated 02/06/2014 denied the request for TENS unit patches. The medical records do not establish that this patient has neuropathic pain findings on exam, diabetic neuropathy, post-herpetic neuralgia, CRPS, phantom limb pain, spasticity or multiple

sclerosis. As noted in the references, these are the specific pain states for which TENS may be recommended. A request for urine drug screen was denied as it does not appear that this patient is taking opiates currently. Furthermore, a urine drug screen was recently performed on 11/27/2013. There is no indication of moderate or high risk factors which would necessitate a repeat study at this time. The request for Ketogel 120G, 20% was denied because the medical records do not establish that the patient has a neuropathic pain component or that she has failed trials of antidepressants and anticonvulsants. The request for Lidoderm 5% patch (700 mg/patch) was denied because the medical records do not establish that the patient has localized peripheral pain for which Lidoderm patches may be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PATCHES #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 114-115.

Decision rationale: According to the CA MTUS, TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the following conditions: Neuropathic pain, Phantom limb pain and CRPS II, spasticity, and multiple sclerosis. The medical records do not establish this patient has any of the conditions for which a TENS unit may be recommended as an adjunctive therapy. The TENS unit device is not medically indicated. Consequently, TENS unit equipment is not medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing & Opioids, indicators for addiction Page(s): 43 87-91.

Decision rationale: According to the CA MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. The treating physician has not documented any suspicion of abuse, aberrant or suspicious drug seeking behavior. Furthermore, the medical records document a UDS was performed in August 2013, and results were consistent with NSAID. Based on this, and absence of support within the evidence based guidelines, it does not appear that another urine drug screen is indicated. The urine drug screen is not medically necessary.

KETOGEL 120G, 20% PRESCRIBED: 1/22/14: 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): 111-113.

Decision rationale: According to the CA MTUS guidelines, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Only FDA approved medications are recommended according to the guidelines. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not recommended under the guidelines, and as such, the medical necessity of this topical product is not established.

LIDODERM 5% PATCH, 700MG/PATCH, #30 PRESCRIBED 1/22/14: 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.

Decision rationale: The guidelines state 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records do not establish this patient has an active neuropathy. The medical records do not reveal any current objective findings, or corroborative electrodiagnostic evidence of a neuropathic pain condition, such as post-herpetic neuralgia. The medical records do not establish Lidoderm is appropriate and medically necessary for this patient.