

Case Number:	CM14-0042804		
Date Assigned:	06/30/2014	Date of Injury:	01/04/2004
Decision Date:	08/15/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/09/2014

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 & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 42-year-old male who reported an injury on 01/04/2004. The mechanism of injury is unknown. The injured worker has a history of severe right foot pain secondary to complex regional pain syndrome, crush injury, as well as structural foot pain. The report submitted stated that the injured worker had discontinued his chronic morphine sulfate therapy. It also stated that the injured worker continued to report significant nausea due to the morphine requiring oral Phenergan. It was reported that the injured worker's pain level was a 3-4/10 with pain medications and a 9/10 without medication. Physical examination dated 05/15/2014 of the injured worker's right foot revealed improvement in the tactile allodynia, hyperpathia, cyanosis, and hyperhidrosis. The injured worker had increased range of motion and improvement in manipulation. The pain pump combined with a stimulator significantly increased the injured worker's functionality. There were no range of motion or motor strength findings documented in the submitted report. The injured worker has diagnoses of complex regional pain syndrome, reflex sympathetic dystrophy to the right foot, right foot neuralgia, status post crush injury, chronic opiate therapy for pain, in-dwelling spinal cord stimulator, severe right foot CRPS, reactive nausea secondary to spinal narcotics and situational depression. X-ray done on 01/05/2004 of the right foot reported multiple fractured dislocations. Past treatment includes surgery of the right foot, removal of hardware from previous surgery, spinal cord stimulator, prescription footwear, ambulation with a cane, physical therapy and medication therapy. Medications include Percocet 5/325 half to 1 tablet 4 times a day, Lidoderm patch 5% 1 per day and Phenergan 25 mg 1 per day. The current treatment plan is for the continuation of the Lidoderm patch 5% and Phenergan 25 mg. The rationale submitted is the injured worker suffers from nausea due to the morphine, which is unclear because the morphine was discontinued. The Request for Authorization Form was submitted on 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

Decision rationale: The request for Lidoderm patch 5%, #30 with 2 refills is not medically necessary. The injured worker has a history of severe right foot pain secondary to complex regional pain syndrome, crush injury, as well as structural foot pain. The report submitted stated that the injured worker had discontinued his chronic morphine sulfate therapy. It also stated that the injured worker continued to report significant nausea due to the morphine requiring oral Phenergan. It was reported that the injured worker's pain level was a 3-4/10 with pain medications and a 9/10 without medication. 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 (tri-cyclic or SNRI anti-depressants 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 patients with a diagnosis of radiculopathy. Although the findings in report show some evidence of neuropathic pain, it is unclear as to why the injured worker would not benefit from the use of any oral medications. There was no evidence of the injured worker having tried and failed any first line therapy medications. In addition, the request does not include a frequency or dosage. As such, the request for Lidoderm patch 5%, #30 with 2 refills is not medically necessary.

Phenergan 25mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines, Pain, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

Decision rationale: The request for Phenergan 25mg #30 with 2 refills is not medically necessary. The injured worker has a history of severe right foot pain secondary to complex regional pain syndrome, crush injury, as well as structural foot pain. The report submitted stated that the injured worker had discontinued his chronic morphine sulfate therapy. It also stated that

the injured worker continued to report significant nausea due to the morphine requiring oral Phenergan. It was reported that the injured worker's pain level was a 3-4/10 with pain medications and a 9/10 without medication. ODG guidelines state that Phenergan is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. The submitted report showed that the injured worker had been taking Phenergan since 06/24/2013. Guidelines state that the use of Phenergan should be short term, not long term for chronic use. The side effects should diminish over days to weeks. If not then other etiologies of symptoms should be evaluated. Furthermore, it was also noted in the 03/20/2014 progress note that the reason for the severe nausea was due to the morphine the injured worker had been taking. It was also noted in that same progress note that the morphine had been discontinued. As such, the medical necessity of the Phenergan is unclear. Furthermore, the dose and frequency of the Phenergan as well as the quantity was not submitted with request. As such, the request for Phenergan is not medically necessary.