

Case Number:	CM14-0059797		
Date Assigned:	07/09/2014	Date of Injury:	11/05/1999
Decision Date:	09/16/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/30/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 an 83-year-old female who reported an injury on 11/05/1999, due to twisting and turning at work. The injured worker's diagnoses included chronic pain syndrome, postlaminectomy syndrome to the lumbar region, cervicgia, cervical radiculopathy, lumbar radiculopathy, degenerative disc disease to the cervical spine, degenerative disc disease to the lumbar spine, lumbar degenerative facet disease, chronic depression, bilateral shoulder pain and left rotator cuff syndrome. The injured worker received conservative care including aqua therapy, TENS unit, hot and cold therapy, stretching exercises, and 2 trigger point injections into the latissimus dorsi medial at level L5 bilaterally and the right trapezius muscle. Diagnostic studies included x-rays of the cervical spine, lumbar spine and the chest and a cervical spine MRI. In 10/2003, a right shoulder arthroscopy and repair were performed. On 04/04/2014, the injured worker saw her physician with complaints pertaining to her fentanyl patch. She reported side effects with most long acting opioids, including her fentanyl patch, which she returned including the box of 10 and the prescription from the last time. She has stopped using the fentanyl patch. The injured worker saw her physician on 07/16/2014 with complaints of pain to the head, bilateral arms, to the bilateral peripheral extremities, bilateral buttocks, thoracic spine, bilateral hips, abdomen and groin. She stated the pain and spasticity were constant and the quality of pain and spasticity was sharp, aching, cramping, shooting, throbbing, burning, stabbing and electrical. The pain was made worse with activity. The pain was made better by rest, heat, spinal cord stimulator, medication and ice. The injured worker stated her pain was rated 6/10 on average with the least pain being a 4/10 with medications and a 9-10/10 without medications. The injured worker had difficulties with activities of daily living and ambulated without assistance. The injured worker had headaches, anxiety, depression, and reported difficulty with sleeping. The physician's treatment plan included recommendations for

continuation of physical therapy, aqua therapy, walking exercise. The physician also recommended stretching daily to help minimize pain and continue with her medications for chronic, making alterations to her activities as necessary. The injured worker received MS Contin, Norco, Soma, Omeprazole, Lidoderm Cream, Senna, Aspirin, and Diovan. The physician was requesting Duragesic patches and LidoCream. A Request for Authorization form was signed on 04/09/2014; however, the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 12mcg/HR #10: Upheld

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

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

Decision rationale: The request for Duragesic 12 mcg per hour quantity 10 is not medically necessary. California MTUS Guidelines for Duragesic (fentanyl transdermal system) is not recommended as a first line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl slowly through the skin. The FDA approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The injured worker is diagnosed with a chronic pain syndrome. She reports her medications and some aspects of her therapy are the only things that provide pain relief. She further reports pain is constant, lasting throughout the day. On 04/04/2014, the injured worker returned her Fentanyl patches to her physician stating she was having side effects with them; she returned a box, plus an earlier prescription of this medication. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The medication is not effective for the injured worker and she is experiencing side effects which made the medication intolerable. As the injured worker cannot tolerate this medication, the request is not medically necessary.

Lidocream 4% #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical, Analgesics, Lidocaine Page(s): 111, 112.

Decision rationale: The request for Lidoderm 4% #45 is not medically necessary. The California MTUS Guidelines for topical analgesics state topical analgesics are recommended as an option; however, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic

pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug, or drug class, that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy including antidepressants or antiepileptic drugs such as Gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker has been diagnosed with chronic pain syndrome. The injured worker has complained of radiating pain to the bilateral peripheral extremities. The physician has not noted the use of a trial of first line therapy including antidepressants or antiepileptic drugs such as Gabapentin or Lyrica. Additionally, the guidelines do not recommend the use of Lidocaine in cream form for topical application. As such, the request is not medically necessary.