MAXIMUS Federal Services

Case Number:	CM14-0059974		
Date Assigned:	07/09/2014	Date of Injury:	12/06/2005
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
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 Occupational 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 54-year-old male who has submitted a claim for Bilateral Lower Extremity Radiculopathy, Possible Right Sacroiliac Joint Syndrome, and Medication-induced Gastritis associated with an industrial injury date of December 6, 2005.Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain, rated 8/10, radiating to both upper extremities and associated with cervicogenic headaches. He also complained of low back pain radiating to both lower extremities. On physical examination, there was decreased range of motion of the cervical spine. There were tenderness and trigger points noted in the neck and trapezius muscle. Weakness was reported throughout the left upper extremity with significant grip loss. There was mild atrophy of the intrinsic muscles of the left hand. Reflexes were blunted on the left triceps. Sensation was decreased along the left posterolateral triceps and lateral arm. Examination of the lumbar spine revealed tenderness of the musculature. Gait was antalgic, favoring the left lower extremity. There was decreased range of motion. Straight leg raise test was positive bilaterally. Sensation was decreased in the posterolateral thigh and calf, as well as the dorsum of the left foot. Reflexes were blunted on the left Achilles tendon. There was also weakness of the left foot and ankle.Treatment to date has included physical therapy, L1-2 posterior fusion, two-level posterior lumbar interbody fusion at L4-5 and L5-S1, cervical anterior cervical discectomy and fusion, and medications including MS Contin 60 mg three times a day as needed, and Lidoderm patches two patches daily (since at least September 2013).Utilization review from March 31, 2014 modified the request for MS Contin 60mg #90 to MS Contin 60mg #60 for weaning purposes. The same utilization review denied the request for Lidoderm patches because there was no documentation of significant change in VAS score, pain, or functional improvement with the continued use of the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, MS Contin was being prescribed since at least September 2013 (11 months to date). However, given the 2005 date of injury, the exact duration of opioid use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also do not clearly reflect continued analgesia or functional benefit or a lack of adverse side effects or aberrant behavior. Although opioids may be appropriate, additional information would be necessary as CA MTUS require clear and concise documentation for ongoing opioid management. Therefore, the request for MS Contin 60mg #90 is not medically necessary.

Lidoderm patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidoderm (Lidocaine Patch) Page(s): 56-57.

Decision rationale: According to pages 56-57 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, Lidoderm was being prescribed since at least September 2013 (11 months to date). However, there was no objective evidence of functional gains from the use of this medication. Furthermore, the records did not show evidence of a trial of first-line therapeutic options for neuropathic pain. There is no clear indication for continued use of this medication. Therefore, the request for Lidoderm patches is not medically necessary.