

Case Number:	CM14-0064118		
Date Assigned:	07/11/2014	Date of Injury:	02/22/1996
Decision Date:	09/15/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/07/2014

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:

This is a 58-year-old female with a 2/22/96 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/21/14, the patient complained of low back pain that radiated down the bilateral lower extremities, upper extremity pain bilaterally in the shoulders, and lower extremity pain bilaterally. She rated her pain as 6/10 in intensity with medications and 10/10 in intensity without medications. Objective findings: patient uses a wheelchair, tenderness noted upon palpation bilaterally in the paravertebral area L4-S1 levels and bilaterally in the buttocks, inspection of the upper and lower extremities revealed complex regional pain syndrome, tenderness noted at bilateral upper extremities, tenderness noted in bilateral lower extremities. Diagnostic impression: failed back surgery syndrome, lumbar; osteoarthritis of the bilateral hips and bilateral shoulders; complex regional pain in all four extremities; status post spinal cord stimulator implant; severe chronic widespread pain; depression; insomnia; vitamin D deficiency. Treatment to date: medication management, activity modification, spinal cord stimulator, lumbar surgery, physical therapy, sympathetic blocks, multiple orthopedic surgeries. A UR decision dated 4/10/14 modified the requests for Fentanyl Patch from 10 patches to 5 patches, Oxycontin from 90 tablets to 75 tablets, Lidoderm patch for 30 patches to 20 patches, Topiramate from 150 tablets to 120 tablets, and Keppra from 60 tablets to 45 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 75mcg, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines 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, but is not recommended as a first-line therapy. Although there is documentation that the patient finds the medication beneficial, there was no information provided regarding an improvement in activities of daily living. In fact, she stated that her activities of daily living are extremely limited. In addition, it is noted in a report dated 4/10/14 that the patient's condition has been worsening over an 8 month period. There is no documentation of failure of a first-line opioid medication. Furthermore, the patient is also utilizing Oxycontin. Her combined MED is 360. Guidelines do not support MED (minimum effective dose) values over 200, as it can cause increased risk of side effects, such as sedation. Therefore, the request for Fentanyl Patch 75mcg #10 was not medically necessary.

Keppra 500mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Levetiracetam (Keppra) Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AEDs) Page(s): 22.

Decision rationale: CA MTUS states that Levetiracetam (Keppra, no generic), Zonisamide (Zonegran, no generic), and Tiagabine (Gabitril, no generic), are among the antiepileptic drugs (AEDs) most recently approved, while these drugs may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience. In the interim, these agents should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used. (Guay, 2003) In addition, underlying depression and anxiety symptoms may be exacerbated by levetiracetam. There is no documentation that the patient has tried a first-line agent with a first-line neuropathic medication. In addition, the patient has been diagnosed with depression. Keppra is not recommended in patients with depression due to potential exacerbation of depression. Therefore, the request for Keppra 500 mg #60 was not medically necessary.

Lidoderm Patch 5%, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm.

Decision rationale: CA MTUS states that 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 (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). There should be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports reviewed regarding the patient failing treatment with a first-line agent such as gabapentin. Therefore, the request for Lidoderm patch 5% #30 was not medically necessary.

OxyContin 40mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,78.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. Although there is documentation that the patient finds the medication beneficial, there was no information provided regarding an improvement in activities of daily living. In fact, she stated that her activities of daily living are extremely limited. In addition, it is noted in a report dated 4/10/14 that the patient's condition has been worsening over an 8 month period. Furthermore, the patient is also utilizing Fentanyl patches. Her combined MED is 360. Guidelines do not support MED values over 200, as it can cause increased risk of side effects, such as sedation. Therefore, the request for Oxycontin 40mg, #90 was not medically necessary.

Topiramate 50mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AEDs) Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. According to the documents reviewed, there is no documentation that the patient has failed a trial of a first-line neuropathic agent, such as gabapentin. Therefore, the request for Topiramate 50 mg #150 was not medically necessary.