

Case Number:	CM14-0072415		
Date Assigned:	07/16/2014	Date of Injury:	12/01/1995
Decision Date:	09/22/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 66 year old female who sustained an industrial injury on 12/1/1995, when she slipped on muddy grass. A supplemental report, dated 5/1/2014 states the patient has been under his care for 5 years for treatment of chronic knee and low back due to DJD of the knees, DDD, spondylosis and stenosis of the lumbar spine. She has exhausted all other conservative management including PT, NSAIDs, and has been deemed a non-surgical candidate. She has been compliant with all treatment including opioid treatment, is routinely screened with UDS and results have been consistent with treatment. She demonstrated no aberrant or drug seeking behaviour, and no side effects. She has not required frequent or dramatic increases medication dosage, regimen has been stable. As result of chronic opioid and Lidoderm patch use, she has been able to continue working and participating in daily exercise/stretching program, and remains independent with ADLs. Treatment is in accordance with CA MTUS and MED is at or below maximum recommended by guidelines. Recommendation is for continued treatment on current medications Avinza ER Morphine and IR Morphine and lidoderm patches on chronic basis. According to the PTP progress report dated 5/16/2014, the patient presents for followup regarding chief complaint of low back and lower extremity pain, chronic. Pain is located in the knees and axial lumbar, and has been chronic years, and is severe without medications. She reports MS IR for breakthrough pain is too strong, and requests to go back to norco, states hip pain is better after injections. Knee pain is worse, and is requesting injections. Associated symptoms of joint pain, joint stiffness, lateral hip pain, and is requesting repeat injection. Current medications are Avinza 60 mg ER #60, Morphine 15 mg #120, and lidoderm 5% (700 mg/patch) #60. Physical examination documents BMI 49.2, lumbar paraspinal tenderness L3-S1, 40% restriction in lumbar flexion/extension and side-bending, 5/5 motor strength, no evidence of lumbar nerve irritation, bony hypertrophy and tenderness at bilateral knee joints, normal knee

ROM bilaterally, pain and crepitus with ROM testing worse on flexion, crepitus on patellar grind test, normal gait, normal neurological exam. The chronic diagnoses are osteoarthritis local primary leg, lumbosacral spondylosis, degenerative lumbar intervertebral disc, enthesopathy hip region (acute), chronic pain syndrome, high risk meds, abnormality of gait, and morbid obesity. Follow up in 11 weeks. Treatment plan is recommend xray of knees, request knee injections, and continue medications. According to the PTP progress report dated 1/09/2014, the patient presents for followup regarding chief complaint bilateral hip pain, low back and lower extremity pain chronic. Pain is located in the knees and axial lumbar, and has been chronic years, and is severe without medications. Reports treatment is helping with over 50% reduction in pain but requiring more hydrocodone use due to increased knee pain. She reports MS IR for breakthrough pain is too strong, and requests to go back to norco, states hip pain in better after injections. Knee pain is worse, is requesting injections. Associated symptoms of joint pain, joint stiffness, lateral hip pain, and is requesting repeat injection. Medication history: Avinza 60 mg ER #60, Vicodin 5/500 mg #120. Physical examination documents BMI 49.1, lumbar paraspinal tenderness L3-S1, 40% restriction in lumbar flexion/extension and side-bending, 5/5 motor strength, no evidence of lumbar nerve irritation, tender at greater trochanter bursa bilaterally, bony hypertrophy and tenderness at bilateral knee joints, normal gait, right antalgic gait, normal neurological exam. The chronic diagnoses are osteoarthritis local primary leg, lumbosacral spondylosis, degenerative lumbar intervertebral disc, enthesopathy hip region (acute), chronic pain syndrome, high risk meds, abnormality of gait, and morbid obesity. Follow up in 11 weeks. Treatment plan includes continue opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% #60: 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): 56-57.

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. However, the medical records do not establish this patient has localized peripheral pain. According to the medical records, the patient has been treating for chronic pain located in the axial low back and bilateral knees, her diagnoses are OA of the knees, hip enthesopathy and lumbar degenerative disc disease. The physical examination documents normal neurological examination. The medical records do not establish Lidoderm patch is appropriate or medically necessary for the treatment of this patient's chronic non-neuropathic complaint.

Morphine Sul 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The guidelines state that use of opioids for osteoarthritis is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Stronger opioids are only recommended for treatment of severe pain under exceptional circumstances (oxycodone, hydromorphone, fentanyl, morphine sulfate). There is therefore a lack of evidence to allow for a treatment recommendation for long term use. Ongoing management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based on the subjective and objective findings provided, lack of evidence of ongoing utilization of non-opioid and non-pharmacologic means of pain management, lack of documentation of quantified pain levels, the medical records do not establish that this patient requires long-acting opioids. In addition, the criteria to support ongoing maintenance with long-acting opioids have not been met in this case. Furthermore, the patient reported on 5/16/2014, that Morphine sul 15mg is too strong, and she requests to discontinue. The medical necessity for Morphine 15mg has not been established.