

Case Number:	CM14-0214588		
Date Assigned:	06/25/2015	Date of Injury:	08/07/2007
Decision Date:	08/05/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 49-year-old female, who sustained an industrial injury on 8/7/07. Initial complaints were not reviewed. The injured worker was diagnosed as having facet arthropathy L4-S1; right paracentral disc protrusion L5-S1; central disc protrusion left foraminal stenosis/facet hypertrophy l5-S1; moderate to severe right L5 neural foraminal stenosis; L5-S1 disc protrusion with an annular disc tear; Severe L5-S1 foraminal stenosis; lumbar sprain/strain; gastrointestinal upset due to NSIADS. Treatment to date has included right L4-L5 and L5-S1 medial branch block; left medial branch block; diagnostic bilateral L4-L5 and L5-S1 facet medial branch block; lumbar radiofrequency nerve ablation; urine drug screening; physical therapy; medication. Currently, the PR-2 notes dated 10/30/14 indicated the injured worker complains of aggravated bilateral axial low back pain. She reports increased spasm and rates his pain at 8/10. She is in this office for a re-evaluation of his bilateral low back pain. The provider notes the injured worker is a status post right L4-L5 and L5-S1 medial branch block; left medial branch block; diagnostic bilateral L4-L5 and L5-S1 facet medial branch block and a lumbar radiofrequency nerve ablation but offers no dates of these procedures to identify time-lines. The provider does document the injured worker experienced 70% improvement for over 7 months from the ablation. The provider notes the injured worker has failed conservative therapy including physical therapy, NSAIDS. He recommended a repeat of the bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation. The provider is requesting authorization at this time for Lidoderm patch #30 with one refill and Morphine Sulfate IR tab daily #30 with 0 refills x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 1 tab daily # 30 with 0 refills x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 93,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list- Morphine Sulfate Page(s): 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects". It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLs) plus decreased dependence on medical treatment. In this case, the physician stated that medications have allowed the injured worker to tolerate activities of daily living and work duties, but there was no documentation of specific improvement in activities of daily living as a result of use of morphine sulfate, and office visits have continued at the same frequency. Also, there was no documentation of the duration of symptomatic relief and the level of pain relief with the medication. Therefore, the request for morphine sulfate IR 1 tab daily, #30 with 0 refills x 2 is not medically necessary.

Lidoderm Patch # 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Topical Analgesics Page(s): 56-57, 111-112.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Lidoderm patches. Guidelines recommend the use of topical lidocaine 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. Guidelines also state that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation submitted for review supports that the injured worker was previously prescribed gabapentin, but a detailed evaluation of the use of this medication was not provided. Also, there is no electrodiagnostic testing to support or confirm that the injured worker has neuropathic pain.

The documentation submitted did not contain the injured worker's response to the Lidoderm patches including the duration of symptomatic relief, functional improvements, and the level of relief with the medication. Therefore, the request for Lidoderm Patch, #30 with 1 refill is not medically necessary.