

Case Number:	CM14-0044891		
Date Assigned:	07/02/2014	Date of Injury:	06/12/1999
Decision Date:	01/02/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/11/2014

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 Family 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 injured worker is a 51-year-old male who experienced an industrial injury 06/12/99. Mechanism of injury was not disclosed. The worker was seen 02/18/14 due to having worsening persistent pain radiating to the left ankle, right ankle, bilateral calves, bilateral feet, and bilateral thighs. The symptoms worsened with ascending stairs, bending, or changing positions. The worker reported the symptoms were relieved with stretching and exercise, heat, ice and pain medications. He had a history of spinal fusion and thoracic and lumbosacral radiculopathy. The attending physician recommended Lidoderm for the burning radicular foot pain, Fentanyl to maintain baseline pain control and increased functioning, and Celebrex to reduce his lumbar facet arthritis pain by 70 percent. Upon physical examination on 04/08/14, he revealed an antalgic gait, diminished lower extremity muscle tone, hypertonic paraspinal tone, positive Patrick's test on the left and positive straight leg raise bilaterally, decreased range of motion, decreased bilateral lower extremity strength, decreased sensation in the right L4, L5 distribution, and decreased right reflexes. He reported pain as 5/10 with medication and 10/10 without medication. Diagnoses included failed lumbar back surgery, chronic pain due to trauma, radiculopathy, and degenerative disc disease of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 56, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Lidoderm 5%, per ODG website

Decision rationale: The California Chronic Pain Medical Treatment Guidelines were referenced regarding Lidoderm patches. The guidelines note that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy such as anti-depressants or AED's such as Gabapentin or Lyrica. This is not a first line treatment. Documentation does not show evidence of a trial of a first line therapy such as antidepressants or anticonvulsants so the request is not reasonable.

Fentanyl 125 mcg/hour #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 482, 486-489, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 12, 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Fentanyl 125 mcg, per ODG website

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Additionally, the request does not specify dose or quantity. Therefore, certification of the requested medication is not recommended.

Celebrex 400 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22, 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Celebrex 400 mg, per ODG website

Decision rationale: NSAIDs are recommended as an option for short-term symptomatic relief and they are indicated for acute mild to moderate pain. All NSAIDs have US Boxed Warnings for risk of adverse cardiovascular events and GI symptoms. Other disease-related concerns include hepatic and renal system compromise. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with treatment goals. The request is not reasonable as patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use.