

Case Number:	CM14-0057230		
Date Assigned:	07/09/2014	Date of Injury:	06/06/1996
Decision Date:	04/24/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/28/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 6/06/1996. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbago, depression/anxiety, and chronic pain syndrome, now with Morphine pump. Treatment to date has included surgical (most recent-pain pump in 5/10) and conservative measures, including medications, trigger point injections, and physical therapy. Currently, the injured worker complains of moderate low back pain, with radiation to the legs. The problem was documented as stable and symptoms were relieved by pain medications. Her body mass index was 34.33%. Physical exam noted no acute distress, intact cranial nerves 2-12, and intact motor and sensory exam to bilateral lower extremities. Tenderness to palpation and limited lumbar range of motion were noted. Current medications were noted as Morphine via pump, Lyrica, Lidoderm, and Buspar, Lexapro, Abilify, and Wellbutrin per psychiatry. She requested to continue Nucynta for breakthrough pain (noted as no longer on).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with unrated lower back pain. The patient's date of injury is 06/06/96. Patient is status post spinal cord stimulator placement in 1997, and intrathecal morphine pump placement at unspecified levels in May 2010. The request is for LIDODERM #60. The RFA was not provided. Physical examination dated 03/25/14 reveals tenderness to palpation of the lumbar and thoracic spine and decreased lumbar range of motion. No other positive findings are included. The patient is currently prescribed intrathecal Morphine, Lyrica, Lidoderm, and Nucynta. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS Chronic Pain Medical Treatment guidelines, page 57 under Lidoderm (Lidocaine Patch): "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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In regard to the request for additional Lidoderm patches for the management of this patient's chronic intractable pain, the patient does not present with peripheral and localized neuropathic pain. The patient has low back pain with radiating leg symptoms. This is not a localized neuropathic pain amenable to topical Lidocaine patches. These patches are not indicated for low back pain or axial chronic pain. Furthermore, there is no discussion of efficacy. The request IS NOT medically necessary.

Nucynta 75mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with unrated lower back pain. The patient's date of injury is 06/06/96. Patient is status post spinal cord stimulator placement in 1997, and intrathecal morphine pump placement at unspecified levels in May 2010. The request is for NUCYNTA 75MG #30. The RFA was not provided. Physical examination dated 03/25/14 reveals tenderness to palpation of the lumbar and thoracic spine and decreased lumbar range of motion. No other positive findings are included. The patient is currently prescribed intrathecal Morphine, Lyrica, Lidoderm, and Nucynta. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term

Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request for Nucynta for the management of this patients chronic pain, the treater has not provided adequate documentation of medication efficacy substantiate continuation. Most recent progress report dated 03/25/14 does not provide specific documentation of pain relief/functional improvement attributed to this medication, stating only "she requests to continue her pain meds as they help with her pain." Such vague documentation does not satisfy MTUS requirements of specific pain reduction and examples of functional improvement. There is discussion of a lack of aberrant behavior, though no discussion of consistent urine drug screens is provided. Owing to the lack of 4A's as required by MTUS, the request IS NOT medically necessary.