

Case Number:	CM15-0104408		
Date Assigned:	06/08/2015	Date of Injury:	08/15/1996
Decision Date:	07/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 76-year-old who has filed a claim for chronic low back, mid back, knee, hip, and leg pain reportedly associated with an industrial injury of August 15, 1996. In a utilization review report dated May 6, 2015, the claims administrator failed to approve a request for Lidoderm patches, Voltaren Gel, and morphine sulfate. The claims administrator referenced an RFA form dated April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On November 24, 2014, the applicant was asked to continue extended-release morphine and immediate-release morphine. Lumbar MRI imaging was endorsed owing to reportedly worsening low back pain. The applicant had undergone multiple knee surgeries as well as a right total knee arthroplasty, it was reported. The attending provider stated that the applicant's pain scores were reduced by 70% as a result of medication consumption. The applicant's work status was not, however, detailed. The applicant was on Actos, Xanax, Starlix, Duragesic, morphine, MiraLax, Cozaar, Lasix, and Zantac, it was reported in another section of the note. On April 16, 2015, the applicant received a viscosupplementation injection. The applicant's BMI was 34, it was stated. The applicant was on morphine, Lidoderm, Percocet, Xanax, Starlix, Tylenol with Codeine, Lasix, and Norvasc, it was reported on this date. Little to no discussion of medication efficacy transpired. The applicant was apparently given a knee brace. On April 22, 2015, the applicant reported ongoing complaints of low back, hip, knee, and leg pain. The applicant was diabetic, it was reported. Acupuncture was sought. Lidoderm, Voltaren, and morphine were renewed and/or continued. Once again, the applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: No, the request for Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there is no explicit mention of the applicant as having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.

Voltaren gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Similarly, the request for topical Voltaren Gel is likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren Gel is indicated in the treatment of small joint arthritis and joints amenable to topical application, as with the knee arthritis reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, it did not appear that ongoing usage of Voltaren Gel had proven particularly successful. The applicant did not appear to have returned to work, although this appeared, in part, a function of age (76) as opposed to a function of the applicant's chronic pain complaints. Nevertheless, ongoing usage of Voltaren Gel failed to curtail the applicant's dependence on opioid agents such as morphine. The applicant continued to report difficulties standing and walking, despite ongoing Voltaren Gel usage. The April 22, 2015 progress notes at issue, while stating that the applicant was "stable," failed to identify meaningful, material improvements in function, or quantifiable decrements in pain effected as a result of ongoing medication consumption, including ongoing Voltaren usage. Ongoing usage of Voltaren Gel seemingly failed to curtail the applicant's dependence on opioid agents such as

morphine and the like. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of the same. Therefore, the request is not medically necessary.

Morphine sulfate tablet 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for morphine, an opioid agent, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to return to work, although this appeared to be a function of age (76) as much as a function of the applicant's chronic pain complaints. Nevertheless, an April 22, 2015 progress note failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing morphine usage. While the attending provider stated that the applicant's medication usage was stable, this was neither elaborated nor expounded upon. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with morphine. Therefore, the request was not medically necessary.