

Case Number:	CM15-0139468		
Date Assigned:	07/29/2015	Date of Injury:	11/10/2010
Decision Date:	09/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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: 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 40 year old female injured worker suffered an industrial injury on 11-10-2010. The diagnoses included chronic pain syndrome, lumbar herniated disc, sciatica and spondylosis. The diagnostics included lumbar magnetic resonance imaging. The treatment included medications, physical therapy chiropractic therapy and facet joint injections. Lidoderm was added 4-7-2015. On 6-16-2015, the treating provider reported poor pain management from Ultracet use 1 time daily. The provider increased dose to 1 to 2 doses daily. The injured worker had returned to work. The requested treatments included Ultracet and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60 Refill 1 Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 6/16/15 progress report provided by the treating physician, this patient presents with right-sided low back pain, unchanged from her last visit. The treater has asked for Ultracet 37.5/325mg #60 Refill 1 Qty 1 on 6/16/15. The request for authorization was not included in provided reports. The patient has not completed her authorized physical therapy and acupuncture sessions as she was not notified of their approval per 6/16/15 report. The patient currently takes Ultracet but has poor pain management per 6/16/15 report. The patient is s/p chiropractic treatment and physical therapy of unknown efficacy after her initial injury in 2010 per 4/7/15 report. She is also s/p lumbar MRI and various unspecified injections in her back per 4/7/15 report. Her back pain occasionally radiates down her right leg with a needling sensation per 4/7/15 report. The patient's work status is full time employed per 6/16/15 report. MTUS Guidelines Criteria for Use of Opioids Section under Long-Term Users of Opioids, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 78: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking 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. (Passik, 2000) MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. In this case, the treater has requested Ultracet which the patient has been taking since 4/7/15 and currently indicates "poor pain management." MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. No UD's, no CURES or opioid contracts are provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.

Lidoderm 5% (700mg patch) #30 Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch).

Decision rationale: Based on the 6/16/15 progress report provided by the treating physician, this patient presents with right-sided low back pain, unchanged from her last visit. The treater has asked for Lidoderm 5% (700mg patch) #30 Refills 2 on 6/16/15. The request for authorization

was not included in provided reports. The patient has not completed her authorized physical therapy and acupuncture sessions as she was not notified of their approval per 6/16/15 report. The patient currently takes Ultracet but has poor pain management per 6/16/15 report. The patient is s/p chiropractic treatment and physical therapy of unknown efficacy after her initial injury in 2010 per 4/7/15 report. She is also s/p lumbar MRI and various unspecified injections in her back per 4/7/15 report. Her back pain occasionally radiates down her right leg with a needling sensation per 4/7/15 report. The patient's work status is full time employed per 6/16/15 report. MTUS Guidelines, Lidoderm (lidocaine patch), page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS Guidelines, under Lidocaine, page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." ODG Guidelines, Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch) specifies that the 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, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient does not have a history of using Lidoderm patches. A trial of this medication would be indicated, but in this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Although patient does complain of radicular symptoms down her lower and upper extremities, physical exam results do not show neurological deficit. Treater does not indicate where Lidoderm patches are to be used, and MTUS does not recommend Lidoderm patches for radicular lumbar pain, which this patient has. Therefore, the requested Lidoderm patch IS NOT medically necessary.