

Case Number:	CM15-0142341		
Date Assigned:	08/03/2015	Date of Injury:	11/26/1999
Decision Date:	09/23/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/22/2015

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, Pain Management

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 47 year old female who sustained an industrial injury on 11/26/1999. According to a progress report dated 05/27/2015, the injured worker was seen for low back pain. She was status post detox on 05/17/2015. She reported that it went well, but she continued to have pain and anxiety. She was experiencing withdrawal symptoms of chills, night sweats, trouble sleeping and anxiety levels. She had not been functioning for the past 3 days and had not been working. She had been discharged with Cymbalta, Hydroxyzine, Ibuprofen, Levetiracetam, Lidoderm patches, multivitamin, Quetiapine and Zanaflex. She did admit to applying Fentanyl patch on the 24th after she was discharged since the adjuster did not approve her medications. Assessments included post-laminectomy syndrome lumbar, post-laminectomy syndrome cervical, cervical radiculopathy, chronic pain syndrome and opioid dependence. The provider noted that the injured worker would be started on the medications that she was discharged with from detox. The treatment plan included increase Fentanyl film extended release 50 mcg/hour 1 patch applied topically every 72 hours 30 days #10 with no refills, stop Percocet, start Cymbalta delayed release 30 mg 1 cap orally 2 times a day 3- days #60 with no refills, start Lidoderm film 5%, 1 patch applied topically once a day 30 days with no refills. The provider recommended Alcoholics Anonymous meetings twice a month and cognitive behavioral therapy. On 06/25/2015, the injured worker reported that her pain had decreased since the increase in her Fentanyl patch. She reported excessive chills and sweating since detoxing off-of her medications. She was currently taking Fentanyl, Zanaflex, Cymbalta, Seroquel and Lidoderm patch which was noted as effective. The injured worker reported that she was better able to accomplish activities

of daily living with the use of the medication. Medications were providing relief without uncontrolled side effects. Urine drug testing on 12/2014 was noted as consistent. An opiate agreement was signed on 08/20/2013. Medications were refilled. She received a Toradol injection for pain flare and was started on Clonidine for excessive sweating. Documentation dated 01/05/2015, shows medications not tolerated by the injured worker in the past included Gabapentin or Lyrica due to swelling and other side effects. Currently under review is the request for Fentanyl patch 50 mcg/hour, one patch applied topically every 72 hours for 30 days, #10, no refills for post laminectomy syndrome/lumbar as an outpatient and Lidoderm film 5% one patch applied topically, once a day for 30 days, #30 no refills, for post laminectomy syndrome/lumbar as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mcg/hr, one patch applied topically every 72 hours for 30 days, #10, no refills for post laminectomy syndrome/lumbar as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for fentanyl patch, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects or aberrant use. In light of the above, the currently requested fentanyl patch is medically necessary.

Lidoderm film 5% one patch applied topically, once a day for 30 days, #30 no refills, for post laminectomy syndrome/lumbar as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, and 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: Regarding request for Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain that has failed first-line therapy.

As such, the currently requested Lidoderm is not medically necessary.