

Case Number:	CM15-0181469		
Date Assigned:	09/18/2015	Date of Injury:	04/18/2003
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/15/2015

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: Washington, 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 injured worker is a 70 year old male who sustained an industrial injury on April 18, 2003, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease, lumbar spondylosis and lumbosacral neuritis. He underwent two lumbar surgeries and a spinal cord stimulator implant. Treatment included pain medications, anti-inflammatory drugs, sleep aides, topical analgesic patches, physical therapy, ice treatment, transcutaneous electrical stimulation unit, epidural steroid injection, facet joint injections and activity restrictions. Review of the medical records show the patient has been on fentanyl patches for at least 5 months with good decrease in pain - the pain relieving effect lasts 72 hrs. This review also showed that the patient has also been prescribed multiple short acting opioids in the last 4 months (Norco, Percocet and Dilaudid) - on August 5, 2015 Norco and Percocet were stopped due to loss of effectiveness and Dilaudid was begun. The most recent provider progress note available for review, dated August 5, 2015, reported the injured worker complained of continued low back pain radiating across his waist and into his left leg with numbness and tingling in the leg, and left leg pain. The back pain was 5/10 with medications and the leg pain was 3/10 with medications. Without medications the pain was 9/10. The symptoms were unchanged. He reported he had fallen due to his left leg giving way. He continued to have a slight left foot drop with pain radiating into his legs when sitting. He noted his pain as aching, numbing, sharp and throbbing. Topical pain patches relieved at least 50% of his pain improving his mobility and activities of daily living, and allowed for increased back motion. The treatment plan included prescriptions for 15 Fentanyl patches; Dilaudid; and 90 Lidoderm Patches. On August 17, 2015, a request for the prescription

of 15 Fentanyl patches was modified to 3 Fentanyl patches and prescriptions for Dilaudid and 90 Lidoderm patches was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Fentanyl 25 mcg/hr patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Actiq (fentanyl lollipop), Duragesic (fentanyl transdermal system), Fentanyl, Medications for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, differentiation: dependence & addiction,.

Decision rationale: Fentanyl transdermal patch (Duragesic) is a potent, synthetic opioid analgesic used in chronic pain management. Its potency is considered 80 times that of morphine. The patches work by slowly releasing fentanyl through the skin over 48 to 72 hours which provides long-lasting pain control. Fentanyl can also be used intravenously for surgical anesthesia and analgesia. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, that the maximum daily dose of opioids which includes use of all opioid medications regardless of route of introduction into the body, is 120 mg per day. This calculation is known as the morphine equivalent dosing (MED). One of the major risks of opioid therapy is the development of addiction. The pain guidelines in the MTUS directly addresses this issue and has a number of recommendations to identify when addiction develops and to prevent addiction from occurring. The present provider is following these recommendations, has used first-line pain medications without achieving adequate pain control, is appropriately monitoring this patient and notes the improvement in pain control with the use of opioid preparations. The patient has been on stable dosing of fentanyl for 6 months. The total dose of opioids (from fentanyl and Dilaudid) is 92 mg MED which is a safe level of prescribed opioids. Chronic use of opioids in this instance is not contraindicated. The provider refills the patient's opioid medications monthly, however, the month's supply of fentanyl patches requested is greater than the patient would use in one month (the patient uses one patch per 72 hrs so needs only 10 patches per month). Medical necessity for the amount of fentanyl patches requested has not been established. The request is not medically necessary.

Dilaudid 2 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment ag.

Decision rationale: Hydromorphone (Dilaudid) is a very potent centrally acting analgesic drug of the opioid class. It is a derivative of morphine. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of morphine, including morphine equivalent dosing (MED) from use of all opioid medications, is 120 mg per day. One of the major risks of opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. For this patient the provider is prescribing multiple opioid preparations, long-acting fentanyl patches and short acting Dilaudid. The total daily dose of opioids (from Dilaudid and fentanyl) is 92 mg/day MED which is a safe daily dosage. The provider has documented that he is following the MTUS guidelines for chronic use of opioid medications. Medical necessity for use of this medication has been established. The request is medically necessary.

90 Lidoderm Patch 5% with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Lidoderm (lidocaine) patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Additionally, use of Lidoderm is recommended only after trial of first-line therapy with medications such as tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants or antiepileptic drugs (AED). This patient has neuropathic pain and is presently taking an SNRI medication yet still has significant pain. Prior use of Lidoderm patches has decreased his pain and improved his function. Continued use of Lidoderm patches is indicated. Medical necessity has been established. The request is medically necessary.