

Case Number:	CM15-0190791		
Date Assigned:	10/02/2015	Date of Injury:	06/17/2002
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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, Hawaii
 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 46 year old male who sustained an industrial injury on 6-17-02. He is working without restrictions. The medical records indicate that the injured worker is being treated for neck pain; myalgia and myositis; cervical spondylosis; chronic pain syndrome. He currently (7-29-15) complains of neck pain that is worse with extension and axial loading. On physical exam of the cervical spine there was decreased range of motion, tenderness to palpation over the cervical facet joints and paraspinal musculature. From 3-2-15 through 7 29-15 the physical exam was unchanged and the 3-2-15 note indicated worsening of neck pain. The level of pain was not enumerated. He had MRI of the cervical spine showing multilevel spondylosis. He has been treated with physical therapy without benefit; medications: failed non-steroidal anti-inflammatories: (current): Celebrex, Viagra, Lidoderm patch 5%, Ultracet. He has been on Celebrex and Lidoderm patches since at least 1-15-14 (per 3-2-15 note) and Ultracet since at least 3-11-15. The request for authorization dated 7-8-15 was for Lidoderm 5% patch #30 with 3 refills; Celebrex 200mg #30 with 2 refills; Ultracet 37.5-325mg #45 with 2 refills. On 9-1-15 Utilization review non-certified the requests for Lidoderm 5% patch #30 with 3 refills; Celebrex 200mg #30 with 2 refills; Ultracet 37.5-325mg #45 with 2 refills and this was modified to a 1 month supply for weaning #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine HCL) 5% adhesive patch, apply 1 patch for up to 12 hours in 24 hour period, #30 with 3 refills (prescribed 6/19/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with neck pain. The current request is for Lidoderm (Lidocaine HCL) 5% adhesive patch, apply 1 patch for up to 12 hours in 24 hour period #30. The treating physician's report dated 07/29/2015 (54B) states, "He has tried generic lidocaine patches for his pain but they do not adhere to his skin. He has used Lidoderm patches in the past which have worked." Medical records show that the patient was prescribed Lidoderm patches since 2014. The MTUS guidelines page 57 states, "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." MTUS 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 documenting pain and function. In this case, it appears that the physician is requesting Lidoderm patches for the patients neck pain. The patient does not present with localized peripheral neuropathic pain which is a criteria required for Lidoderm patch use. The current request is not medically necessary.

Celebrex 200mg daily #30 with 2 refills (prescribed 6/19/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with neck pain. The current request is for Celebrex 200mg daily #30 with 2 refills (prescribed 06/19/2015). The treating physician's report dated 06/19/2015 (50B) states, "He is in moderate pain. He need a medication refill today." Medical records show that the patient was prescribed Celebrex since 2014. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. None of the reports provided note medication efficacy. There is no documentation of functional improvement or decreased levels of pain with the use of Celebrex. Given the lack of documented medication efficacy with Celebrex, the current request is not medically necessary.

Ultracet 37.5-325mg 1-2 tabs 3 times daily as needed #45 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The patient presents with neck pain. The current request is for Ultracet 37.5-325mg 1-2 tab 3 times daily as needed #45 with 2 refills. The treating physician's report dated 06/19/2015 (50B) states, "He is in moderate pain. He need a medication refill today." For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. There are no before and after pain scales to show analgesia. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments were used. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures were provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with prescribed medications. In this case, the physician has not provided the proper documentation of the required criteria based on the MTUS Guidelines for continued opiate use. The current request is not medically necessary.