

Case Number:	CM15-0198348		
Date Assigned:	10/19/2015	Date of Injury:	07/20/2008
Decision Date:	12/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old female sustained an industrial injury on 7-20-08. Documentation indicated that the injured worker was receiving treatment for lumbar post laminectomy syndrome, lumbar spondylosis, cervical spine and lumbar spine radiculopathy, insomnia, depression and constipation. Previous treatment included multiple lumbar surgeries, lumbar fusion, physical therapy, aqua therapy and medications. The injured worker underwent spinal cord stimulator implant on 5-30-14 due to persistent symptoms. The spinal cord stimulator was removed due to infection in December 2014, with subsequent peripherally inserted central venous catheter placement (PICC) and a course of intravenous antibiotics. The injured worker developed left upper extremity deep vein thrombosis felt to be related to placement of the PICC. In a follow-up appointment dated 9-23-15, the injured worker complained of ongoing low back pain with radiation into the left lower extremity associated with numbness, tingling and weakness. The injured worker had finished her last session of aqua therapy. The injured worker stated that she felt stronger but her pain remained unchanged. Physical exam was remarkable for tenderness to palpation to the right shoulder and elbow, lumbar spine with loss of lordosis, tenderness to palpation over incision, right shoulder range of motion: 130 degrees flexion and 180 degrees abduction, positive Hawkin's and Neer's tests, "mild" sacral tenderness to palpation, left anterior tibialis with 5- out of 5 motor strength and decreased sensation at the left L3 distribution. The injured worker walked with a "normal" gait. The physician stated that the injured worker's pain and ability to function were significantly improved with the prescribed medication regimen. The injured worker denied intolerable side effects. The physician stated that the injured worker was

monitored for aberrant behavior with periodic urine drug screens and CURES report. The injured worker had been prescribed Dilaudid, Lidoderm patch, Zanaflex, Klonopin and Phenergan since at least 1-20-15. The treatment plan included refilling medications (Klonopin, Dilaudid, Kadian, Motrin, Lidoderm patch, Zanaflex and Phenergan) and stopping topical compound cream. On 9-30-15, Utilization Review noncertified a request for Dilaudid 4mg #90, Kadian 50mg #30, Oxycodone 15mg #90, Lidoderm patches 5% 30 and Phenergan 25mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #90: Upheld

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): Opioids for chronic pain, Opioids, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Dilaudid is not-medically necessary.

Kadian 50mg #30: Upheld

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): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative

dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Kadian is not-medically necessary.

Oxycodone 15mg #90: Upheld

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): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose."The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Oxycodone is not-medically necessary.

Lidoderm Film 5% #30: Upheld

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).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Lidoderm patch prescription. In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Therefore, based on the submitted medical documentation, the request for Lidoderm patch prescription is not medically necessary.

Phenergan 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines are silent on the use of Phenergan. Per ODG guidelines, Antiemetics such as Phenergan are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The claimant has been on chronic medical therapy and anticipates continuing this therapy in the post-operative period. Since this patient's surgery is not authorized, there is no indication for this medication. Therefore, based on the submitted medical documentation, the request for Phenergan is not medically necessary.