

Case Number:	CM15-0201291		
Date Assigned:	10/16/2015	Date of Injury:	07/15/2009
Decision Date:	12/21/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 58 year old female, who sustained an industrial injury on 7-15-09. Medical records indicate that the injured worker is undergoing treatment for complex regional pain syndrome, varicose veins of the lower extremities with inflammation, chronic pain legs, right foot pain and pain in the joint of the knee. The injured worker was permanently disabled. On (9-11-15) the injured worker was evaluated for her right leg injury. The injured worker noted trying to taper down on her Morphine to four pills daily but she could not get out of bed due to the pain and she experienced diarrhea. Objective findings included tenderness over the right medial knee and over the skin graft of the right knee, which radiated to the right inner leg and foot. Flexion was limited to 90 degrees. Sensation was intact throughout the lower extremities. Gastrointestinal symptoms were not noted. A pain level was not provided. On 8-19-15 and 6-24-15 the injured workers pain level was noted to be 7 out of 10 on the visual analogue scale. Documented treatment and evaluation to date has included medications and a urine drug screen (positive for opiates only). Current medications include Morphine (since at least April of 2015), Nortriptyline (since at least April of 2015), Lidoderm patches (since at least April of 2015), Prilosec (since at least April of 2105), Ibuprofen and Colace. The current treatment requests include Morphine 30 mg # 120, Lidoderm 5% (700-patch) # 14 with 3 refills, Nortriptyline 75 mg # 60 with 3 refills and a urine drug screen. The Utilization Review documentation dated 9-23-15 modified the request to Morphine 30 mg # 120 (original request 160) and non-certified the requests for Lidoderm 5% (700-patch) # 14 with 3 refills, Nortriptyline 75 mg # 60 with 3 refills and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 30mg quantity 160: 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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Morphine, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Morphine 30mg quantity 160 is not medically necessary.

Lidoderm 5% (700/patch) quantity 14 with three refills: Upheld

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

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

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not suffer from post-herpetic neuralgia or localized peripheral pain. Lidoderm 5% (700/patch) quantity 14 with three refills is not medically necessary.

Nortriptyline 75mg quantity 60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Tricyclics.

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

Decision rationale: According to the MTUS, tricyclics are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally

considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The patient does not carry a diagnosis of depression nor were any symptoms of neuropathic pain noted in the objective findings. Nortriptyline 75mg quantity 60 with three refills is not medically necessary.

Prilosec 20mg quantity 100 with three refills: 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 (Chronic): Proton Pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20mg quantity 100 with three refills is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug screen is not medically necessary.