

Case Number:	CM15-0207249		
Date Assigned:	10/26/2015	Date of Injury:	11/23/1987
Decision Date:	12/07/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency 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 76 year old male, who sustained an industrial injury on 11-23-1987. Diagnoses include failed back surgery syndrome with intractable low back and bilateral leg pain, reactive depressions secondary to chronic pain with previous history of intermittent suicidality, diabetes, and progressively worsening genu valgum of bilateral knees, status post right total hip arthroplasty, lumbar fusion, and pump implant devices. Treatments to date include activity modification, medication therapy, acupuncture treatments, and epidural steroid injections. On 9-21-15, he was evaluated for a scheduled pain pump refill procedure. The records indicated a recent fall on 1-6-15, resulting in markedly worsening low back pain, sciatic, and lower extremity edema. The records indicated prior denial of MS Contin 60mg and MS IR 30mg, prescriptions written for approximately 15 years. He complained of ongoing pain rated 8 out of 10 VAS and radiation of pain, numbness, weakness of bilateral lower extremities. It was noted he slept in a recliner due to increased back pain and sciatica. Evaluation of the pain pump activation revealed increasing attempts, noted as up to 10 per day up from 4-5 per day the previous month, assumed due to decreased availability of oral opioids. In addition, the record documented recent diagnosis and treatment for possible osteomyelitis and cellulitis of lower extremity, treated with oral antibiotic therapy and wound care in a wound clinic. The physical examination documented use of a wheelchair for ambulation. The lower extremities and ankles were swollen, but noted as improving. The plan of care included ongoing medication management. The appeal requested authorization for MS IR #380 and Lidoderm 5% patches

#60. The Utilization Review dated 10-12-15, denied the request for Lidoderm 5% patches and modified the request to allow for MS IR #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS IR #380: Upheld

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

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

Decision rationale: The requested MS IR #380 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing pain rated 8 out of 10 VAS and radiation of pain, numbness, weakness of bilateral lower extremities. It was noted he slept in a recliner due to increased back pain and sciatica. This medication has been prescribed for 15 years. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, MS IR #380 is not medically necessary.

Lidoderm 5% patches #60: Upheld

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

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

Decision rationale: The requested Lidoderm 5% patches #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has ongoing pain rated 8 out of 10 VAS and radiation of pain, numbness, weakness of bilateral lower extremities. It was noted he slept in a recliner due to increased back pain and sciatica. This medication has been prescribed for 15 years. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm 5% patches #60 is not medically necessary.